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ABSTRACT

This report evaluates the Okiyapi Community Partnership, a 5-year federally funded program that aimed to reduce alcoholism on the Devils Lake Sioux Reservation in rural North Dakota. The major goals of the project included development of an interagency coordinating body, establishment of family circle groups, and training of Native American addiction counselors. During the first 2 years of the project, five tribal members completed college courses in addiction counseling, with two of the five receiving degrees in addiction counseling. These individuals made up the project's core staff, which facilitated the creation of a stable interagency coalition and implemented prevention awareness activities through four district family circle groups. The coalition, led by Little Hoop Community College, consisted of over 30 members from local schools, the Tribal Council, and various tribal and public agencies. Interagency coordination involved sharing of data and human and material resources, and collaboration in designing, implementing, and publicizing substance abuse prevention activities. Evaluation data included annual community surveys of substance abuse perceptions and prevalence, surveys of high school students, personal interviews with coalition members, reports of daily activities of coalition staff, tribal court statistics, coalition meeting minutes, activity sign-up sheets, and internal and external correspondence related to the partnership. Process and outcome evaluation measures showed evidence of strong interagency coordination in all program aspects, significant increase in community awareness of the program, extensive family involvement in program activities, declines in reported use of alcohol and related problems among youth, community-wide decline in alcohol-related offenses, and changes in tribal law restricting availability of controlled substances. Includes numerous figures and tables. (LP)

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ED 406 076

Family Involvement and Federal Funding: An Effective Combination for the Reduction of Substance Abuse in an Ethnic Minority Community

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ABSTRACT

The Okiyapi Community Partnership was a five-year program funded by the Center for Substance Abuse Prevention with the immodest goal of reducing alcoholism on the Devils Lake Sioux reservation through interagency coordination and family involvement. A multimethod, longitudinal evaluation included both quantitative and qualitative measures of partnership functioning and impact on the community.

These measures included: annual community surveys of substance abuse perceptions and prevalence, surveys of high school students, personal interviews with coalition members, reports of daily activities of coalition staff, tribal court statistics, meeting minutes, activity sign-up sheets and internal and external correspondence related to the partnership. Process and outcome evaluation measures document that the program was successful on all levels. Interagency coordination was strengthened in a variety of ways, from development and implementation of substance abuse prevention activities to collection of evaluation data. Extensive family involvement was documented, particularly notable in an ethnic minority community where substantial parental involvement in youth and/or substance abuse prevention programs had not been the norm.

Outcome measures showed a significant increase in awareness of the program, a decline in reported use of alcohol and related problems among the youth, a community-wide decline in alcohol-related offenses, changes in tribal law to restrict availability of controlled substances and an interagency coordinated effort to maintain the program following the cessation of federal funding.

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I. INTRODUCTION

This report is the final analysis of the effectiveness of the Devils Lake Sioux Community Partnership Project[1] (Okiyapi) in the reduction of alcoholism and other drug use on the Devils Lake Sioux reservation. Okiyapi was funded by a five-year grant from the Center for Substance Abuse Prevention. From 1991-93, Okiyapi operated without an evaluation plan. When meeting with the coalition for the first time in 1993, the evaluator discussed goals and objectives with the members, and noted that many similar projects had set less ambitious, more attainable goals, e.g., involving a specific number of youth in activities, establishing an interagency coordinating body. The coalition was reminded that alcoholism had historically been a problem of epidemic proportions on this reservation, and, if data could not be produced to document that this problem had been reduced, the evaluator's report would reflect that the coalition had not met its stated goal. The question was put to the coalition whether they would consider revising their goals and objectives before the evaluation began. Following a discussion of this issue, a spokesperson for the coalition stated,

> **"These are our children and our grandchildren on this reservation, and if we can't reduce the problem of alcoholism, we don't need their money because there's not going to be any future for any of us."**

It was agreed that the stated purpose of the program would remain to decrease the rate of alcoholism. Okiyapi established three goals to be met by the end of its funding. Goal one:

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[1] In 1996, by tribal resolution, the name "Devils Lake Sioux" was changed to "Spirit Lake Sioux". As the activities described in this report ended shortly before the name change took effect, the two are used interchangeably throughout this manuscript.

Establish Family Circle groups. Goal two: Establish a coordinating body to provide community agency networking and a comprehensive substance abuse prevention plan. Goal three: Train and certify at least five addiction counselors. The first two years of the program were primarily devoted to development of local personnel. At the onset of the program, there were only twelve tribal members with college degrees; none of these were in addiction counseling. In 1994, direction from the federal office caused the third goal to be dropped from the program's mission. Two tribal members did receive degrees in addiction counseling under this program and three others completed all of the required courses for a major in addiction counseling. Although this was not considered part of substance abuse prevention, but rather a training activity, it is the conclusion of the independent evaluator that the success of the program in the latter three years would not have been possible without the innovative step of including tribal members as the key figures in designing and implementing the entire program. When faced with the common situation of lack of trained personnel in a disadvantaged, minority community, the coalition spent two years laying the groundwork by training community residents.

Outcomes that were to be evident on the reservation at the cessation of the grants funding were the following:

1) Decrease in alcohol and other drug related incidents.

2) Community institutionalization of the coalition and Family Circle groups.

3) Permanent strengthening and coordination of community treatment and non-treatment resources.

4) Permanence of community attitude change. The community's knowledge of alcohol/drug prevention should increase while tolerance of alcohol and

other drugs should decrease.

5) Family support systems reactivated as a positive community resource.

Besides the goals and outcomes that should have been met by the cessation of the grant, Okiyapi also emphasized that alcohol consumption should decrease by 15% on the reservation. This paper discusses the extent to which, and how, these goals and objectives were met during Okiyapi's five year existence.

Quantitative and qualitative measures were used to evaluate the project. The four quantitative measures used to evaluate the project were: The Daily Activity Reports, Community Needs Survey, The North Dakota Drug and Alcohol Survey, and The Tribal Court arrest statistics. Qualitative data was collected in field notes, project newsletters, minutes of committee and coalition meetings, interviews with staff, coalition and community members, sign-up sheets and assessments of publicity for coalition-sponsored activities. Three major goals were pursued: development of an interagency coordinating body, establishment of family circle groups and training of Native American addiction counselors.

Under optimal conditions, an evaluation plan would have been approved prior to the start of the project and baseline data taken on community attitude, alcohol and other drug use, etc. Unfortunately, this did not happen. The lack of baseline data collected by the project presented an obstacle to producing a fair and comprehensive evaluation, but not an insurmountable one. Although Okiyapi did not engage in systematic, comprehensive data collection during its first two years, substantial data has been collected and maintained over the past several years by various reservation agencies. The evaluation plan approved for Okiyapi in 1994 stated that extensive use would be made of archival data to establish a baseline for the project. Through the assistance of

the agencies represented by coalition members, this archival data was gradually compiled and analyzed. Data from the North Dakota Youth Drug and Alcohol Survey, administered in the school in 1990, 1993 and 1994, was one source of archival data; these are discussed in section III. Alcohol and other drug violations from the Tribal Court system are a second source; these reports are discussed in Section V.

The Devils Lake Sioux Community Partnership Project was called the project, or Okiyapi. The name change in late 1994 to Okiyapi Community Partnership (Dakota for "helping") was intended to increase perception of the partnership as a tribal-based organization designed to help the community. The community coalition developed by the project was referred to as the coalition and the lead institution, Little Hoop Community College, is abbreviated LHCC. Most (if not all) of the programs had members of the community coalition involved with its planning and implementation. The coalition had over 30 members and met monthly. Its membership also included representatives from local schools, Tribal Council, Indian Health Services (IHS), Bureau of Indian Affairs (BIA), and various tribal agencies, such as the Tribal Courts. The coalition was responsible for overseeing the management of the project and developing, coordinating, and maintaining alcohol and other drug prevention efforts throughout the community.

Activities conducted by Okiyapi were accomplished in cooperation with other agencies including Family Circle Tipi, Four Winds School, Tate Topa Tribal School, Inter-Agency Health Committee and many others. Okiyapi was designed to be a collaborative agency, and credit for the progress shown is equally due to its collaborators.

A. HISTORY OF THE PROJECT

The purpose of the Okiyapi Community Partnership Program was to engage the population of the Devil's Lake Sioux Reservation in a broad-based community substance abuse prevention program focused on the Family Circle Groups. These "Family Circle" groups provided the peer interaction that reflects the education and prevention needs of the community and reservation district. A second objective integral to the Okiyapi program is the establishment of a coalition for inter-agency coordination, and to maximize the combined impact of the various programs addressing substance abuse of the reservation.

Okiyapi has focused its efforts predominantly on alcohol centering its programs on the youth and general community, and has extensive interagency coordination with other drug and alcohol prevention programs. The members of the coalition represent all programs that provide services, such as prevention and intervention to tribal members on or off the Devils Lake Sioux Sioux Reservation. The Devils Lake Sioux Community Partnership Project was developed to provide organization, training, and structure to alcohol and other drug prevention agencies on the reservation. This purpose has become more defined as the partnership has developed. The major shift has been from primarily a training project to a focus on community empowerment and mobilization. The educational component of the first two years was an invaluable asset, leading to the effective functioning of the partnership at its end.

B. COMMUNITY CHARACTERISTICS

The Okiyapi project operates on the Devils Lake Sioux Indian Reservation in rural North Dakota. Ninety-five percent of the residents on this reservation are members of the Devils Lake (Dakota) Sioux Tribe. The Devils Lake Sioux Reservation and community are relatively small

and isolated. The closest town of any size is Devils Lake (population 7800), which lies twelve miles to the north. The nearest city is Grand Forks (population 70,000), which lies 100 miles to the east. Information from the 1990 census indicated that 4,622 people live in the Devils Lake Sioux community.

The Devils Lake Sioux Tribe has historically relied on an inter- and intra-personal support system based on family, community, and tribal support. This network (tiyospaye) is common among northern plains Native American communities and apparently existed for thousands of years (LaFramboise, 1988). Many in the community feel that the traditional family networks have broken down and require restoration. When the tiyospaye breaks down, coping skills relied on for centuries either no longer exist, are changed, or are no longer valued by individuals. This breakdown contributes to the development of poor community stress-coping strategies such as increased AOD abuse and dependence, school tardiness and attrition, increase in teenage pregnancy, and increase in AOD-related violent crimes and accidents.

The problem of alcoholism on the nation's reservations is well documented. The death rate from alcoholism in Native Americans is 300% that of the rate for all races (Indian Health Service, 1990) and rates of Fetal Alcohol Syndrome/Effect are significantly above the national average (U.S. Department of Health & Human Services, 1993). On the Devils Lake Sioux Reservation more than 80% of the adolescents use alcohol, compared to a national prevalence of 50% (National Institute on Drug Abuse, 1989). Prevalence of binge-drinking among reservation residents is 45%, in contrast to the state average of 24% (Brooks et al., 1989). In the Aberdeen area of the Indian Health Service, which includes the Devils Lake Sioux Reservation, "Deaths due to chronic liver disease and cirrhosis are almost seven times the general U.S. population, which

accidents and diabetes are four times more likely to occur . . . " (U.S. Department of Health and Human Services, 1990).

Frequencies for various indicators of community alcohol usage are shown in Table 1.1 both for the Devils Lake Sioux Reservation and for the nation as a whole. The proportions of high school seniors who have tried alcohol are approximately equal to the national average, yet the proportion of adults who are nondrinkers is significantly smaller on the reservation. As first-year students in high school, the proportion of regular drinkers is, once again, similar to the national average, but by the senior year of high school, the Devils Lake Sioux Reservation shows a proportion more than six times the national average. These figures seem to indicate that, while drinking for the nation's youth as a whole often represents a temporary path as adolescents attempt to establish an identity and test their limits, for many youth on the reservation it turns into a permanent dead end. The relatively young age at which drinking, and particularly regular drinking patterns, first occur on the reservation was the basis of the Okiyapi coalition's decision to focus many of its programs on reaching children, youth and their families.

TABLE 1.1

Comparison of Devils Lake Sioux Reservation and National Prevalence Rates for Alcohol Usage

Indicator	National[1]	Devils Lake Sioux
Graduating High School Seniors who have used alcohol	92%	94%[2]
Regular Alcohol Use: High School Seniors	9%	59%[2]
Regular Alcohol Use: High School Freshmen	25%	27%[2]
Nondrinker: Male, 18-74 years	24%	10%[3]
Nondrinkers: Female, 18-74 years	44%	7%[3]

1 Center for Substance Abuse Prevention (1988)
2 North Dakota Youth Drug and Alcohol Survey (1990)
3 Community Needs Survey

Although no inpatient chemical dependency treatment units exist on the reservation, there are a number of outpatient treatment programs. These programs are funded wholly or by some combination of Federal, Tribal, State, or private sources. Unfortunately, the impact of these programs were not maximized before Okiyapi, primarily due to their lack of coordination and communication. In some instances, poor communication resulted in oppositional relationships that were obviously counterproductive. While this is a worst-case scenario, the goals, information gathering, activities, and general efforts of these programs were at best loosely associated and therefore were of lesser impact than desired. There was a clear need for a single unifying and coordinating body and a comprehensive substance abuse prevention plan.

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C. EVALUATION REPORT FORMAT

Data for evaluation of the Okiyapi project has been collected from multiple sources over the years June 1993 - July 1996. These include both quantitative and qualitative data in the form of surveys designed specifically for this project, archival data and statistics provided by agencies represented on the coalition board, specifically the Tribal Court. Quantitative data were collected in the form of Daily Activity Reports, North Dakota Youth Drug and Alcohol Survey, Community Needs Survey, and Tribal Court statistics.

Daily activity reports were completed from November 1993 - July 1996 by the Okiyapi staff and coalition members to document the focus and community impact of Okiyapi supported activities. Meeting minutes were reviewed with various other communications to assess the distribution of staff and partnership meeting activities, meeting attendance, participants in Okiyapi activities, daily activities, and contacts with cooperating agencies.

The North Dakota Youth Drug and Alcohol Survey data were collected in 1990, 1993, and 1994. This database served as a valuable resource of archival data which was used as a baseline for comparing status and trends regarding alcohol/drug use before and after the implementation of the Okiyapi program. Data in 1990 and 1993 were collected by the North Dakota Department of Public Instruction. In 1994, data collection was conducted by Carol Ketcher, counselor at Four Winds School and chair of the Okiyapi Evaluation Committee. Data were analyzed by the evaluation consultant.

The Community Needs Surveys were collected in the fall of 1993, 1994, and 1995 using a community needs assessment survey designed by the previous evaluator and modified by the present evaluation consultant. The measure has adequate reliability and validity, as documented in

a previous annual report. Two factors emerged from the previous survey, a Perception of Alcohol/Drug Problems Scale (alpha = .77), and Alcohol/Drug Related Events Scale (alpha = .73). The former measured the respondents' perception of the severity of the AOD problems on the reservation, and the latter measured the consumption of alcohol, marijuana, crack, inhalants, and depressants on the reservation.

The Tribal Court has provided data, from the fourth quarter of 1992 through the fourth quarter of 1995. Data were collected on the incidence of arrests and/or citations for driving under the influence, open containers in a vehicle, public intoxication and liquor violations (it is a violation of tribal law to possess alcohol on the reservation).

D. PROJECT OPERATION

1992-93

In 1992-93, the principal function of the project was to develop a coalition, hire and train staff members, and form an effective organization. Frequent turnover at the administrative level hampered this activity. In the first 19 months of operation, the project had five project directors. Also, during this period, four of the caregivers lived off the reservation attending school pursuant of licensure as addiction counselors. As a result, relatively few community programs were implemented. Community activities in the initial 18 months were limited to:

* providing matching fund for community programs, e.g., Little League Softball
* establishment of the UNITY Youth Group as a joint activity between Okiyapi and Youth Drug and Alcohol

* establishment of the Mothers/Grandmothers Support group in St. Michael's[2], a precursor to the present St. Michael's Family Circle group, which is the most active Family Circle in the four districts, attributable in part to its longer history.

The latter two activities in particular are noteworthy, because they have persisted to the present. In addition, the UNITY youth group continues independent of funding from Okiyapi.

1993-94

Significant changes in the project structure occurred in 1993-94. These included: changes in focus of project efforts, increased stability of leadership, and, consequently, major expansion occurred in interagency coordination and community-wide prevention and education activities. At the direction of the Project Officer, the grantee ceased funding education off-reservation of the staff. After 18 months of staff training, the project refocused its effort on provision of services to the community by the newly-trained staff. The project had stable leadership for the first time. Ms. Ardis Shaw, who remained as director from September, 1993 to May, 1995 was in this position longer than the previous four administratiors combined.

In March 1993, the Interagency Health and Wellness Committee was formed. Okiyapi has been intimately involved with the committee from the beginning, and co-sponsored numerous activities. A partial list of these are provided in Table 1.2. All workshops were open to the community and attended by a wide range of community members. Some activities targeted substance abuse prevention directly. Others address problems which have been shown to be

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[2] The reservation consists of four districts, similar to counties within a state. St. Michael's is the second-most populous district on the Spirit Lake Sioux reservation. The three other districts are Fort Totten, Crow Hill and Tokio.

predictors and correlates of substance abuse by children and youth. These include: depression (Silverman, 1990), suicide (Shaffer, Garland & Bacon, 1990), parenting styles characterized by unrealistic expectations of family life and lack of structure, abuse and domestic violence (Kassebaum, 1990).

Table 1.2

Representative Community Activities: 1993-94

Drug & Alcohol Awareness Conference
Suicide & Depression Workshop
Home-School Relations/ Parental Involvement Workshop
Gang Prevention Workshop
Domestic Violence & Child Sexual Abuse Workshop
Abuse: The Dynamics of Denial Workshop
Community Health Fair
Parental Self-Esteem Workshop
Dakota Parenting Workshops
Inhalant Abuse Workshops (2)
Community Walk/Run
Family Sobriety Dances (2)
Health & Wellness Fair
Community Clean up Days (4)

*Note: This is a partial list of representative activities

1994-1996

Qualitative data document the fact the high level of community activities begun in the FY 1993-94 continued and increased in 1994-96. More participants attended the activities, in addition to more activities of interest to the Devil's Lake Sioux Reservation were created; e.g., Pow-Wows. The youth remained the focus of Okiyapi during the years of 1995-96.

During the last part of 1995 and the beginning part of 1996 an Implementation Study was administered to members of Okiyapi. This study was used to find the general focus of Okiyapi and how the members felt about Okiyapi's progress in reduction of substance abuse. All thirteen

respondents of the survey felt that Okiyapi has been a productive organization and has accomplished its goals. The number one obstacle that prevented individuals from participating in activities sponsored by Okiyapi was weather. This report of weather explains the low number of attendance for activities in Jan - Mar in 1994 and 1995. The thirteen respondents expressed that more needs to be done in the community on substance abuse, especially for the youth. The participants all stated that they will be continuing with substance abuse prevention activities within the community after Okiyapi cessation. More information on the Implementation Study can be found in the Devils Lake Sioux Community Partnership Implementation Study (Hoggarth & Rousey, 1996).

Okiyapi funding ended in July 1996. Many programs it established, along with the activities, will continue existing after its cessation. Some programs that will continue are Family Circle groups and activities on substance prevention that target the youth. Through Okiyapi, alcohol/drug abuse is now a recognized community problem on the Devils Lake Sioux Reservation. Before Okiyapi, most of the residents on the reservation did not acknowledge the extent of substance abuse problems (Hoggarth, Myer, & Rousey, 1996).

II. Daily Activity Reports

The Daily Activity Reports are used for process evaluation, to document the extent and type of activities sponsored or cosponsored by the project, and the number of community members served. A total of 4,122 Daily Activity Report forms were entered from November 1993 through July 1996. Of these 4,122 forms, 72 (1.7%) were completed by coalition members, and 4,046 (98.2%) were completed by Okiyapi staff, with four missing cases on that particular variable.

A. Duration of Activities

Duration of activity ranged from one to 960 minutes. The most common duration for activities was one hour (mean 62.43). The total for activities documented in these reports was 255,228 minutes, or 4,253 hours. It should be noted that these cover significantly less than the total staff time, representing the equivalent of only 106 weeks (or approximately two years for one full time employee). These do not include activities which are not providing service to an identified client. For example, almost no time is shown spent working on the newsletter. However, it consumes a great deal of staff time each month and is a major service, even though it is not a client contact. Time at workshops, collecting information, report writing, etc. is also not included. The original evaluator had requested the staff to fill out the activity report forms only when working with an identifiable client(s). Under the present evaluator, data collection was modified to include all activities whether or not direct service was provided.

B. Activity Type

Type of activity was coded into one of ten categories. The distribution of activities by the primary purpose of the activity is shown in Table 2.1. It can be seen that "interagency coordination" is the second largest single category. The "other" category was the largest; containing 34.9% of the daily activities accounted for. This is primarily due to the number of forms which included two or more of the first nine categories as a description of activity. The most common example of this is a direct or telephone contact with a representative of one other agency. This would have been coded as "interagency coordination," and also as meeting some "other" community need, e.g., providing information on substance abuse to a Four Winds High School teacher would also contribute to the goal of increasing community awareness. A second common type of "other" activity was providing or obtaining information via telephone contacts with agencies off the reservation. The "other" category was a diverse group; from developing a cultural curriculum with Dakota Wounspe to requesting information on addiction counselor certification. Activity type was coded for 4,040 activities.

From 1993 to 1994, a shift in emphasis was noted from training to community outreach and interagency coordination (Rousey, 1994). The present results support the continuation of that emphasis, with 40.7% of activities reporting interagency coordination or community alcohol/drug awareness activities as the primary focus. Table 2.2 shows a breakdown by year of activities. An activity may have multiple purposes, for example an activity that promoted community awareness of alcohol/drug issues may be coded as "Drug/Alcohol Awareness" or "Project Publicity." Consequently, these numbers are an **underestimate** of the total.

Table 2.1 Distribution of Daily Activities November 1993-June 1996		
Category	Number	%
Training	120	3.0%
Drug/Alcohol Awareness	344	8.5
Project Publicity	140	3.5
Data Collection	301	7.4
Referral	50	1.2
Interagency Coordination	1,301	32.2
Counseling/Crisis Intervention	11	.3
Coalition Business	357	8.8
Other	1416	34.9

Table 2.2 Distribution of Daily Activities By Year				
Category	1993-1994 %	1995 %	1996 %	Total %
Training	6.3	1.0	3.7	3.0
Drug/ Alcohol Awareness	17.4	5.8	6.6	8.5
Project Publicity	4.6	3.4	2.7	3.5
Data Collection	6.6	8.2	7.0	7.4
Referral	1.3	1.6	.6	1.2
Interagency Coordination	35.0	31.6	31.4	32.2
Counseling/Crisis Intervention	1.2	.1	.2	.2
Coalition Business	9.8	13.0	2.0	8.8
Other	17.8	35.4	45.8	34.9

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C. Contacts with Specific Agencies

Number of contacts with other agencies are shown by category in Table 2.3. There was a total of 4,842 contacts with other agencies from November 1993 through July 1996. Consistent with the prevention focus of the partnership, the largest number of these were with educational institutions (29.2%), early intervention programs (11.4%), other AOD prevention programs (8.6%) and state agencies, particularly the North Dakota Division of Drugs and Alcohol (7.2%). The large proportion in the "other" category reflects the much greater degree of diversity of interagency cooperation than anticipated at the start of the project, when these categories were developed.

The most frequent "other" agencies are new programs which have been funded in the last two years: Dakota Wounspe Cultural Program and UNITY Youth Drug & Alcohol Program. Other agencies with whom coordination is common include Tribal Health, Healthy Start, Early Childhood Tracking, Tribal Housing Authority and Bureau of Indian Affairs Police. Occasional coordination occurs with a diversity of other agencies, including Tribal Sanitation, Mercy Hospital (in the city of Devils Lake), police from the city of Devils Lake and Ramsey County, local radio stations, and the North Dakota State Hospital.

The largest number of contacts fall into the "education" category. This category includes Little Hoop Community College, elementary schools (K-8), Four Winds High School, and other educational institutions on the Devils Lake Sioux Indian Reservation. The community college and the high school agencies had more than 400 contacts each while the elementary school had 372. Coordination with "other alcohol/drug prevention programs" is extensive, with 416 contacts shown for the wide variety of organizations, including various support groups. Family support

programs are also extensively involved, with 323 contacts shown for the Comprehensive Child Development program, and 230 contacts with Head Start.

TABLE 2.3
Contacts with Cooperating Agencies
November 1993-June 1996

AGENCIES	NUMBER	%
EARLY INTERVENTION	553	11.4%
Comprehensive Child Dev. Pgm	323	6.7
Head Start	230	4.7
EDUCATION	1419	29.2%
Community College	443	9.1
Elementary School	372	7.7
High School	414	8.5
Other Educational Institutions	190	3.9
STATE INSTITUTIONS	394	8.1%
N.D. Division of Drugs and Alcohol	347	7.2
N.D. Indian Affairs Commission	15	.3
N.D. Human Services	32	.6
TRIBAL GOVERNMENT	221	4.5%
Tribal Council	136	2.8
Tribal Court	85	1.7
INDIAN HEALTH SERVICES	169	3.5%
RELIGIOUS ORGANIZATIONS	284	5.8%
TRIBAL INDUSTRIES	85	1.8%
OTHER ALCOHOL/DRUG PREVENTION PGMS	416	8.6%
OTHER	1301	26.9%
TOTAL INTER AGENCY CONTACTS = 4842		

Table 2.4 shows percentages of contacts with cooperating agencies by year. The significant increase in the "other" category is accounted for by the extensive collaboration of the coalition staff with agencies that were not accounted for when this project was first started. It is noted that the percentages for "education" and "other alcohol and drug prevention programs" categories remained relatively stable over all years.

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D. Partnership Meeting Attendance Partnership meeting attendance data were collected from November 1994 through July 1996. Data were collected as participant sign up sheets from various sources and self-reported data from the Okiyapi Coalition. These data were used quantitatively to assess the distribution of staff/partner activities, partnership meeting attendance, coalition meeting participants, participants in Okiyapi activities and meetings, distribution of daily activities, and contacts with cooperating agencies.

Figure 2.1 shows partnership meeting attendance from 1994 to 1996. It should be noted that some agencies may have more than one representative attend coalition meetings, causing total attendance to exceed the number of member agencies. The average attendance of coalition members at meetings over the two and a half year period was fourteen members. The average total attendance of the meetings was 16.5 from 1995 to 1996 as seen in Figure 2.2.

TABLE 2.4
Contacts with Cooperating Agencies
Percentages of Total Reported Contacts by Year

AGENCIES	1993-94%	1995%	1996%	All Years%
EARLY INTERVENTION	14.0%	10.8%	6.9%	11.4%
Comprehensive Child Dev. Pgm	8.4	6.0	4.2	6.7
Head Start	5.6	4.8	2.7	4.7
EDUCATION	32.1%	24.4%	32.3%	29.2%
Community College	8.8	9.1	9.9	9.1
Elementary School	9.7	5.3	7.9	7.7
High School	7.0	7.9	12.9	8.5
Other Educational Institutions	6.6	2.1	1.6	3.9
STATE INSTITUTIONS	9.5%	7.9%	5.7%	8.1%
N.D. Division of Drugs and Alcohol	7.8	7.4	5.4	7.2
N.D. Indian Affairs Commission	.5	.2	.2	.3
N.D. Human Services	1.2	.3	.1	.6
TRIBAL GOVERNMENT	6.3%	4.0%	2.0%	4.5%
Tribal Council	3.7	2.5	1.5	2.8
Tribal Court	2.6	1.5	.5	1.7
INDIAN HEALTH SERVICES	4.5%	2.6%	3.0%	3.5%
RELIGIOUS ORGANIZATIONS	6.0%	5.9%	5.5%	5.8%
TRIBAL INDUSTRIES	2.1%	1.7%	1.2%	1.8%
OTHER ALCOHOL/DRUG PREV. PGMS	9.6%	8.1%	7.5%	8.6%
OTHER	15.9%	34.5%	35.8%	26.9%

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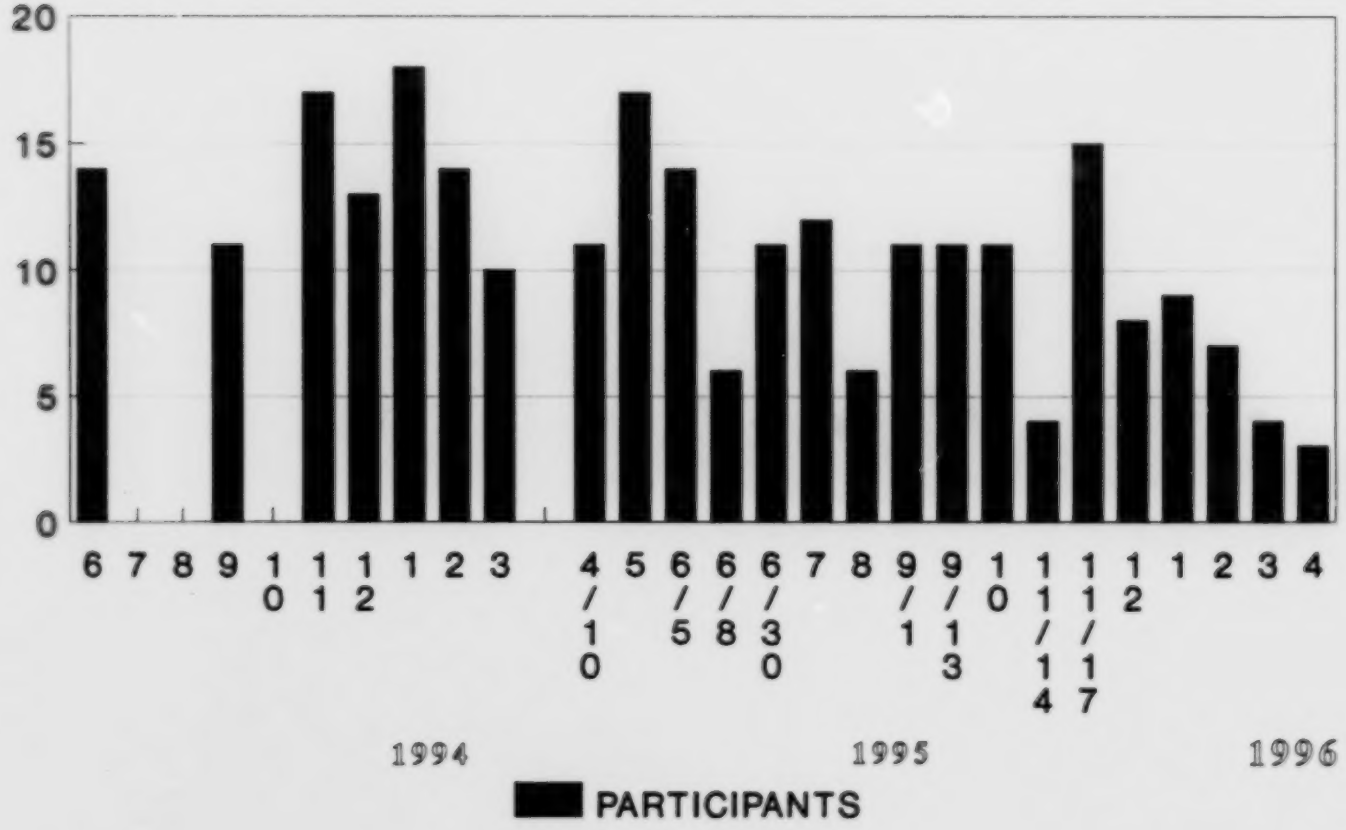
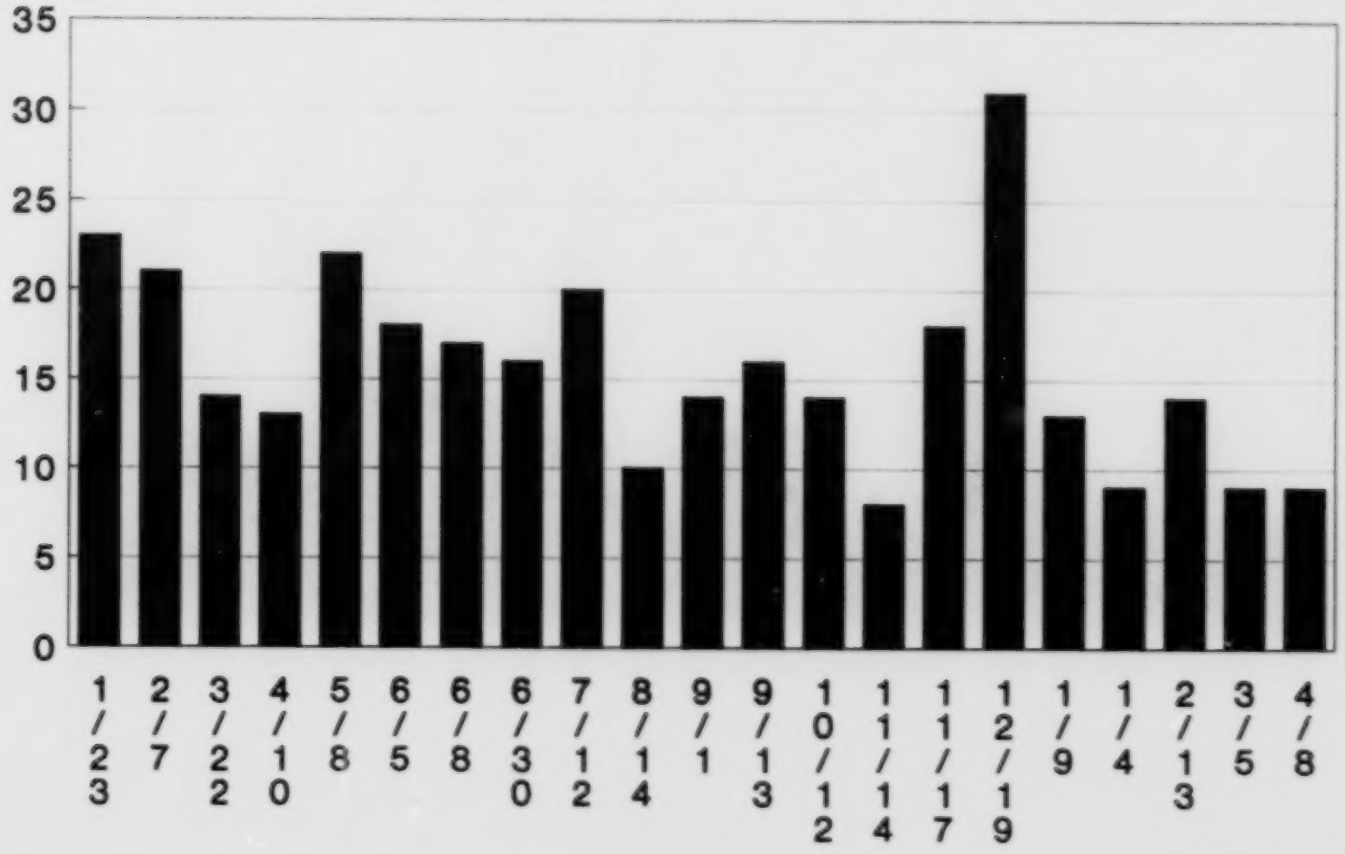
COALITION MEETING PARTICIPANTS
JUNE 1994 - APRIL 1996



Does not include OKIYAPI staff

Figure 2.1

Total Attendance of Coalition Meetings
January 1995 - April 1996



Everyone

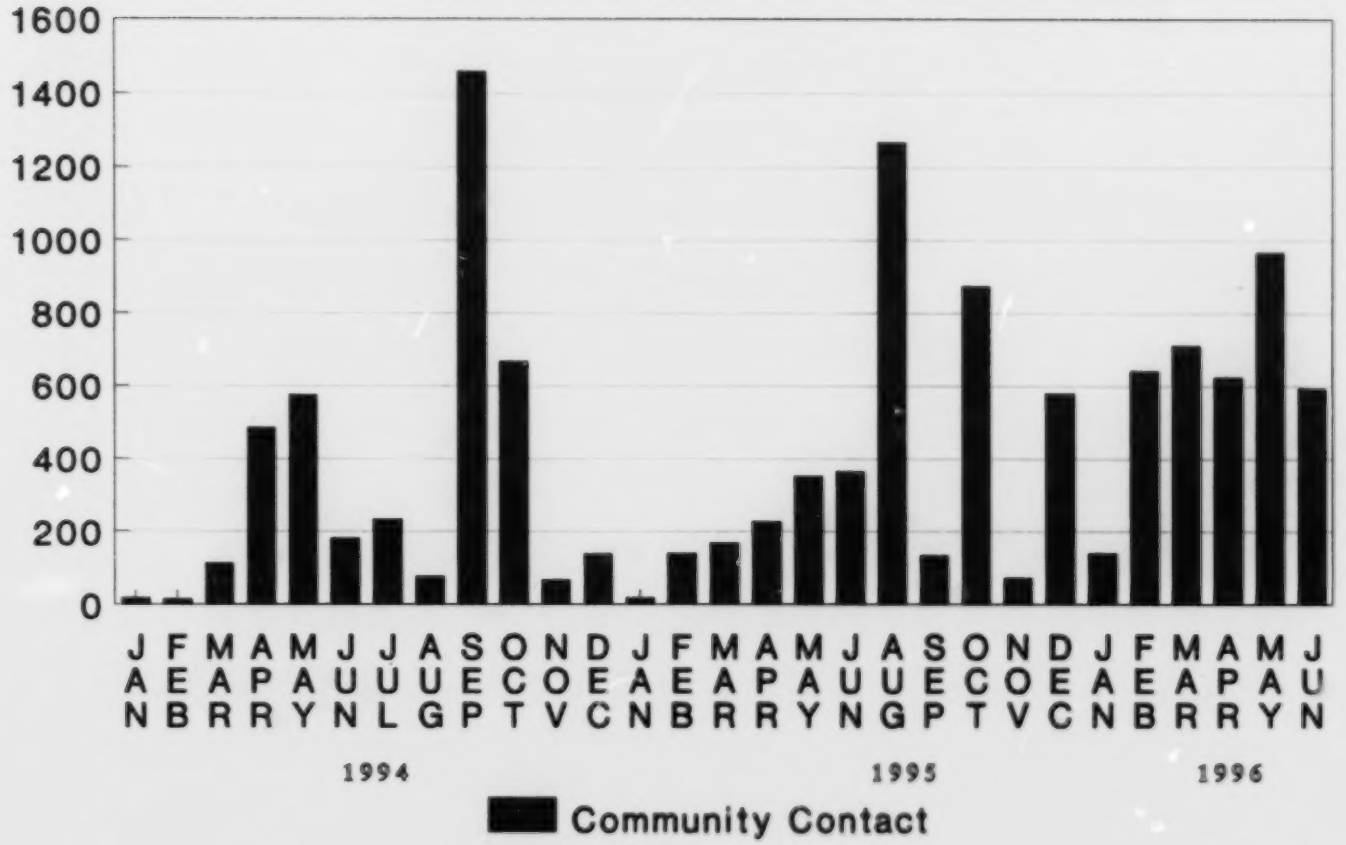
Figure 2.2

E. Community Members Served

Quantitative data document the fact that the high level of community activities begun in FY 1993-1995 has continued, and increased, through July of 1996. From January through June the number that participated in activities in 1994 was 1,383, in 1995 1,264 members participated, and in 1996 the numbers of participants in activities rose to 3,092[3]. Figure 2.3 shows the number of participants, by month, in activities sponsored or co-sponsored by Okiyapi over the past 29 months. These figures include only participants in activities supported by Okiyapi for the purposes of prevention, substance abuse awareness/education, or interagency coordination. Individual contacts for information, referral, etc., are not included, nor are coalition meetings. Only activities for which counts of participants have been obtained, e.g., through sign-up sheets, evaluation forms, minutes, etc. have been included. This is known to be an underestimate because for approximately 10% of the activities, documentation of the number of participants was unavailable. One activity, cosponsored by Alcoholics Anonymous, declined to use sign-up sheets, as it violated the organization's policy of confidentiality. A count of program participants was accepted from the event organizers in lieu of sign up sheets. A small number of other activities, and a few family circle group meetings, had no documentation of the number of participants. In these cases no estimate was made of participants; they were simply not counted.

[3] Comparisons are from January through June of each year due to the cessation of grant funding in July, 1996. Hence, using the first six months allows similar time periods across all three years.

PARTICIPANTS OKIYAPI ACTIVITIES/MEETINGS
January 1994 - June 1996



Does not include individual contacts

Figure 2.3

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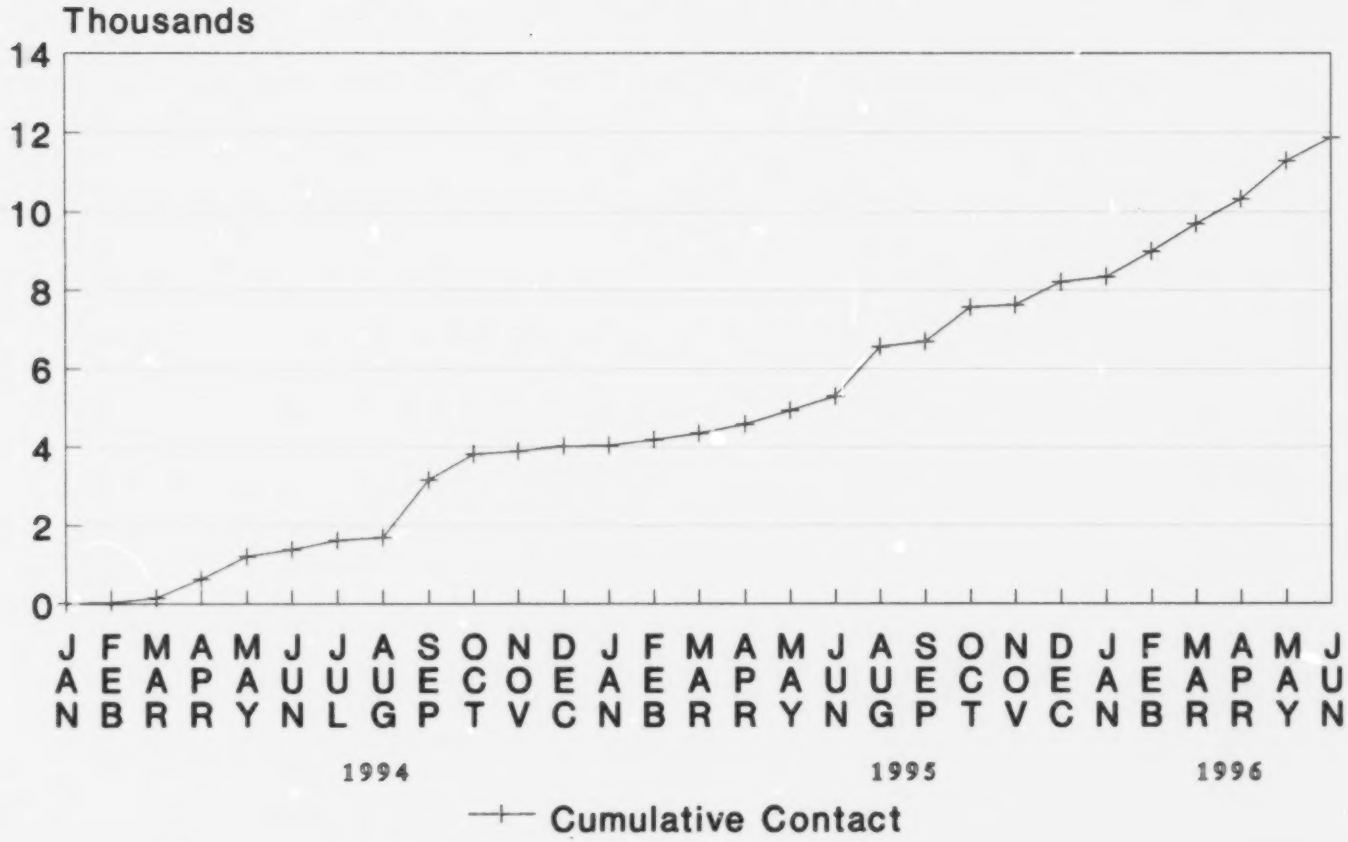
Given the substantial variation in numbers attending coalition activities, a simple mean substitution was not deemed appropriate.

Even given the incomplete data, it is noteworthy that the project has generally attracted an average of more than 100 people per month to its community activities. During five of the twelve months in 1995 Okiyapi-sponsored or co-sponsored activities have served over 300 residents. In 1996, February-June, the activities served over 400 residents for each month.

Okiyapi has been very active in the community as measured by the total number of community members involved. Over 11,000 contacts with community members were documented by the community activity reports in 29 months. Figure 2.4 shows cumulative contacts from January 1994 through June 1996. These figures should be considered in light of the total reservation population of approximately 4,300. This represents nearly 2.6 contacts for every resident of the Devils Lake Sioux Reservation (11,000/4300). Such figures seem extremely high, but the accuracy of these figures is supported by multiple sources of data. Further, multiple sources of documentation support the high rate of community involvement, including sign-up sheets for workshops, community activities, rosters of attendees from meeting minutes, and the evaluator's personal observations of several events.

PARTICIPANTS OKIYAPI ACTIVITIES/MEETINGS
January 1994 - June 1996



Does not include individual contacts

Figure 2.4

38

It should be noted, as well, that the data in this section are based on reports on individual staff members, who frequently collaborated in the activities, in which case the activity would be counted, appropriately, as a service by both individuals. For example, if two natural caregivers make a one hour presentation to a high school class of 40 students, activity reports from both individuals would show this service. In fact, as explained further in this section, these figures probably reflect an underestimation of the number of community members served.

F. Family Circle Groups

Two of Okiyapi's three main goals were to build Family Circle Support Groups and to establish extensive contacts with other family support programs. Many individuals within the reservation felt that traditional family networks have broken down and require restoration. Family and group support and teaching have been the primary sources of positive coping mechanisms for Dakota families for centuries. Family Circle Groups provided support and teaching with the traditions of the Sioux. The Family Circle Groups hope that, by understanding the history of families/communities and the major stressors that individuals, families, or communities have had over the generations, will help to improve existing conditions.

The St. Michael's community established the first Family Circle Groups in January 1995. Some activities of the St. Michael's Family Circle Groups were Red Ribbon Week, Halloween Pow-wow, Thanksgiving Dinner, Christmas Social Gathering, and Prize Bingo/Social Family Time. For workshops and other events involving parents, children would plan activities in the nearby TEK Center.

The Woodlake Community Family Circle Group began in the early part of March 1995. The Woodlake Community's main concern was to get Family Circle groups and other activities established in each district. Soon after this first group was established the Crow Hill and Fort

Totten districts began their own Family Circle Groups. Okiyapi assisted financially and provided education on alcohol and drug prevention within each of the groups' scheduled plans. In 1995, 545 residents attended the Family Circle Group meetings held in all four districts. In 1996, for the months of January through July, 857 residents attended these meetings. The program's second goal, to further contacts with other family support groups, had been attained through the use of the Family Circle Groups.

III. North Dakota Youth Drug and Alcohol Survey

Four Winds School: 1990, 1993,& 1994

A. Relevance to Okiyapi Evaluation Plan

The evaluation plan that was approved for Okiyapi in 1994 stated that extensive use would be made of archival data to establish baselines for the project. Through the assistance of the agencies represented by coalition members, these archival data were gradually compiled and analyzed. The archival data collected are Tribal Court records and the North Dakota Youth and Alcohol Survey. The Tribal Court records will be discussed in section V. The following is a summary of data and conclusions based on survey data collected from 1990, 1993, and 1994.

B. Sample

The following data are based on survey results obtained from students enrolled in Four Winds School in 1990, 1993, and 1994. Each year all teachers for grades seven through twelve were requested to administer the surveys to their entire classes during a given class period. Due to the voluntary nature of teacher participation in the survey, both total sample size and distribution across grades varied from year to year. The 1990 and 1993 samples included students in grades seven through twelve. The 1994 sample does not include eighth grade students. The

samples for the three years have been approximately even in gender distribution, with males representing 47.7% of the sample in 1990, 55.6% in 1993 and 52.9% in 1994.

An important fact which must be considered in data comparisons is the difference in grade distributions, particularly the fact that the 1994 sample did not include eighth grade students. Because, as documented by the results presented in this report, younger students are less likely to use drugs or alcohol than older ones. Reducing the proportion of younger students in a sample will, ceteris paribus, increase the rate of alcohol and drug use found.

C. Instrumentation

The North Dakota Youth Alcohol and Drug Survey was administered to students during regular class hours. The 1990 questionnaire contains 119 questions and requires, according to the instructions, 45 minutes or less to complete. The 1993 survey is comprised of 90 questions, and requires 50 minutes or less to complete. The 1990 and 1993 questionnaires were developed and furnished to the school as part of the triennial survey conducted jointly by the North Dakota Drug and Alcohol Division and Department of Public Instruction. The 1994 questionnaire included 26 items which were part of the 1990 and 1993 surveys. These 26 items were then used for comparisons across the three waves of data collection. The 1994 questionnaire was developed and administered by Ms. Carol Ketcher, Four Winds High School Counselor and chair of the Okiyapi Evaluation Committee.

D. Statistical Analysis

Two types of analyses were performed: comparing students across years and by grade level within a given year. Aggregate statistics provided by the State Department of Public Instruction were used to compare students across the three waves of data collection on 26 variables which were common across the surveys. However, these comparisons failed to account

for the differences in composition by grade level between 1993 and 1994. Further, the results provided by the state did not include any tests of statistical significance.

Consequently, the data were reanalyzed, excluding the eighth grade students from the calculations for the 1993 sample--allowing comparisons of equivalent groups. Frequency distributions were computed, and chi-square analyses were performed to test for statistical significance of differences. Frequency distributions and chi-square values were also computed using data for seventh grade students, the only grade with at least 20 students sampled each year.

Frequency distributions, bar, line, and trend charts were generated for responses by grade to specific items.

F. Results

The survey data show alcohol and marijuana to be the drugs most frequently used by the Four Winds' student population. The numbers and proportions of students who reported using alcohol, marijuana and other drugs are shown in Table 3.1. Differences between the 1993 and 1994 results are shown in the last column.

It can be seen from Table 3.1 that there are fewer students who try alcohol and they are starting to drink at a later age. There has been an even greater drop in the proportion of students who drink alcohol now. Not only has the percentage who have never tried alcohol increased (#1), but the number who do not drink has increased, and the number who drink regularly has decreased.

Some apparent discrepancies in these data should be clarified, i.e., there are significant differences from question to question in the proportion who report "never" using alcohol or other drugs. These would be expected due to wording of the questions. For example, in 1994 only 20.7% of the students responded to the question "How old were you when you had your first

drink?" with "Never". On the other hand, when asked, "How often do you drink?", 51.7% of the students replied "Never." These data indicate that a sizable proportion of youth have experimented with alcohol or other drugs, but are not current users.

Table 3.2
Numbers and Proportions of Students Using Alcohol
1993-1994

QUESTION	1993	1994	Change
1. How old when you first drank?			
Never	16.9%	20.7%	+3.8%
9 or younger	11.7	9.2	-2.5
10-11	9.1	9.2	+0.1
12-13	24.7	27.6	+2.9
14-15	24.7	18.4	-6.3
2. How often do you drink alcohol?			
Never	40.3%	51.7%	+11.4%
Regularly (>once/month)	33.8	29.8	-4.0
3. How old when you first used marijuana?			
Never	32.3%	35.6%	+3.3%
9 or younger	3.9	6.9	+3.0
10-11	9.1	4.6	-4.5
12-13	19.5%	19.5	-0-
14-15	20.1	23.0	+2.9
4. How often do you use marijuana?			
Never	66.2%	60.9%	-5.3%
Regularly	19.5	20.0	+0.5
5. How old when you first used other drugs?			
Never	55.8%	44.8%	-11.0%
10-11	2.6	10.3	+7.7
12-13	22.1	16.1	-5.0
14-15	9.1	18.4	+9.3
6. How often do you use other drugs?			
Never	77.8%	64.4%	-13.4%
Regularly	14.3	25.9	+10.9

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Analyses by grade present three consistent results. First, the proportion of youth who have never tried alcohol or other drugs drops precipitously between seventh and ninth grades. Second, between 1990 and 1993, the proportion of youth using alcohol and other drugs increased, but from 1993-94 this trend began to be reversed. Third, as can be clearly seen in Table 3.1 below, a substantial proportion of children begin using alcohol during elementary school.

Figure 3.1 shows the proportion of non-users of alcohol by grade in 1990 and 1993. It can be seen that in 1993, four of the six grades surveyed showed a smaller proportion of non-drinkers than in 1990. By the junior year of high school, there were

Students Who Have NOT Used Alcohol By Grade - 1990 vs 1993

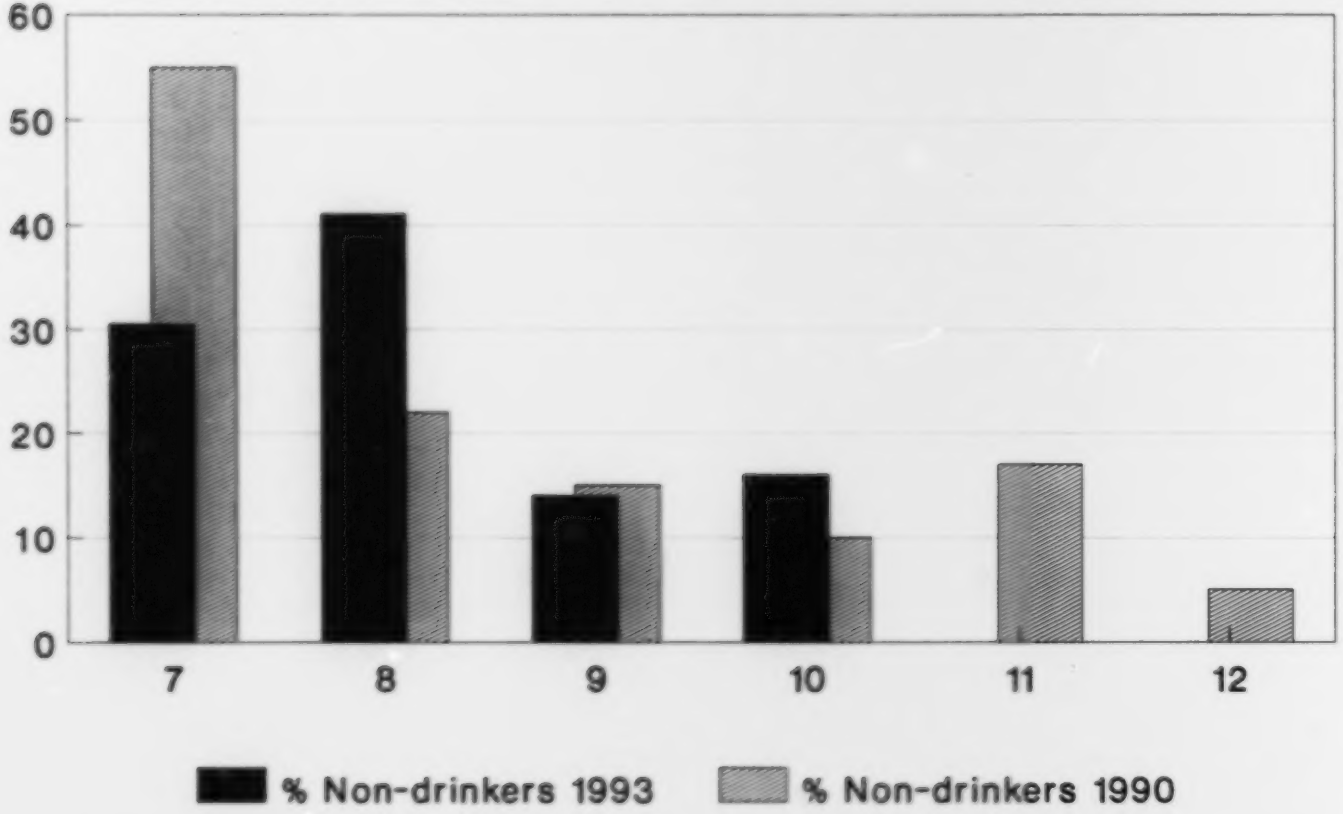

Figure 3.1

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no students in the 1993 sample who reported never having tried alcohol. Caution must be taken in generalizing from these statistics, given the small sample size across grades. However, the junior high school years which is a crucial period for prevention activities, is strongly supported by the replication of the trend across all three samples of a sharp decline in non-drinkers between the seventh and ninth grades.

Figure 3.2 shows the proportion of students who report never having used alcohol in the 1994 sample compared to 1993. The missing bar for eighth grade students for 1994 is due to the lack of eighth graders in the sample. The same sharp drop in non-users of alcohol from the seventh to ninth grade is shown for 1994. The frequency of initial experimentation with alcohol prior to high school is further evidenced by the proportion of students who report having their first drink between the ages of twelve and fourteen. As shown in Table 3.1, this was 49.4% of those surveyed in 1993 and 46% of the 1994 survey respondents.

Figure 3.3 is a chart of the trend in abstinence from alcohol between seventh and eighth grades, for all three years. The top line represents the year 1990, the bottom line, 1993 with 1994 in the center. It can be seen that the trend in 1993 was for a lower rate of abstinence from alcohol beginning in the seventh grade when data were first collected, and a sharp decline in nondrinkers thereafter. In contrast, the 1994 data show a trend toward a higher rate of abstinence at every grade level. Figure 3.4 is a comparison by grade of 1990 and 1993 of students who have never

Students Who Have NOT Used Alcohol By Grade - 1993 vs 1994

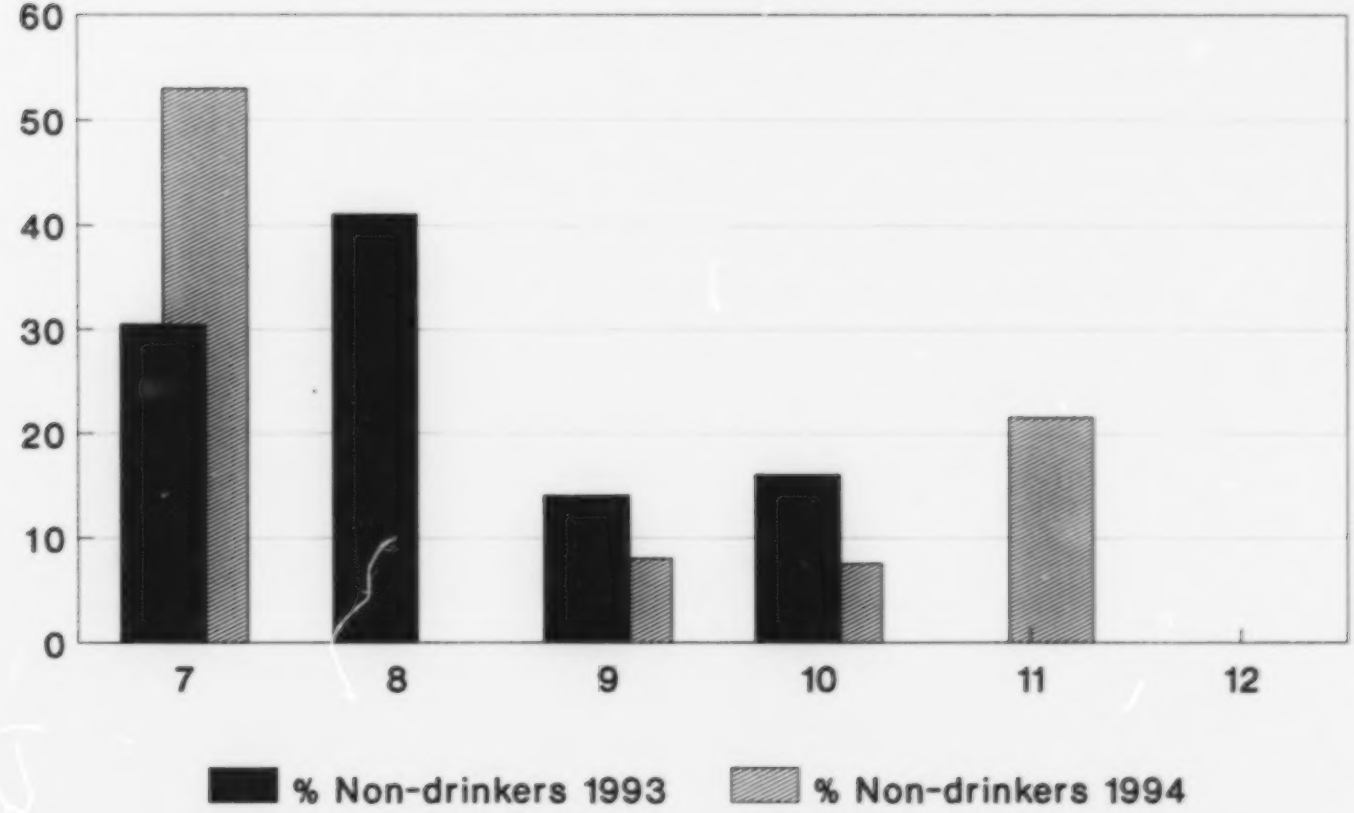
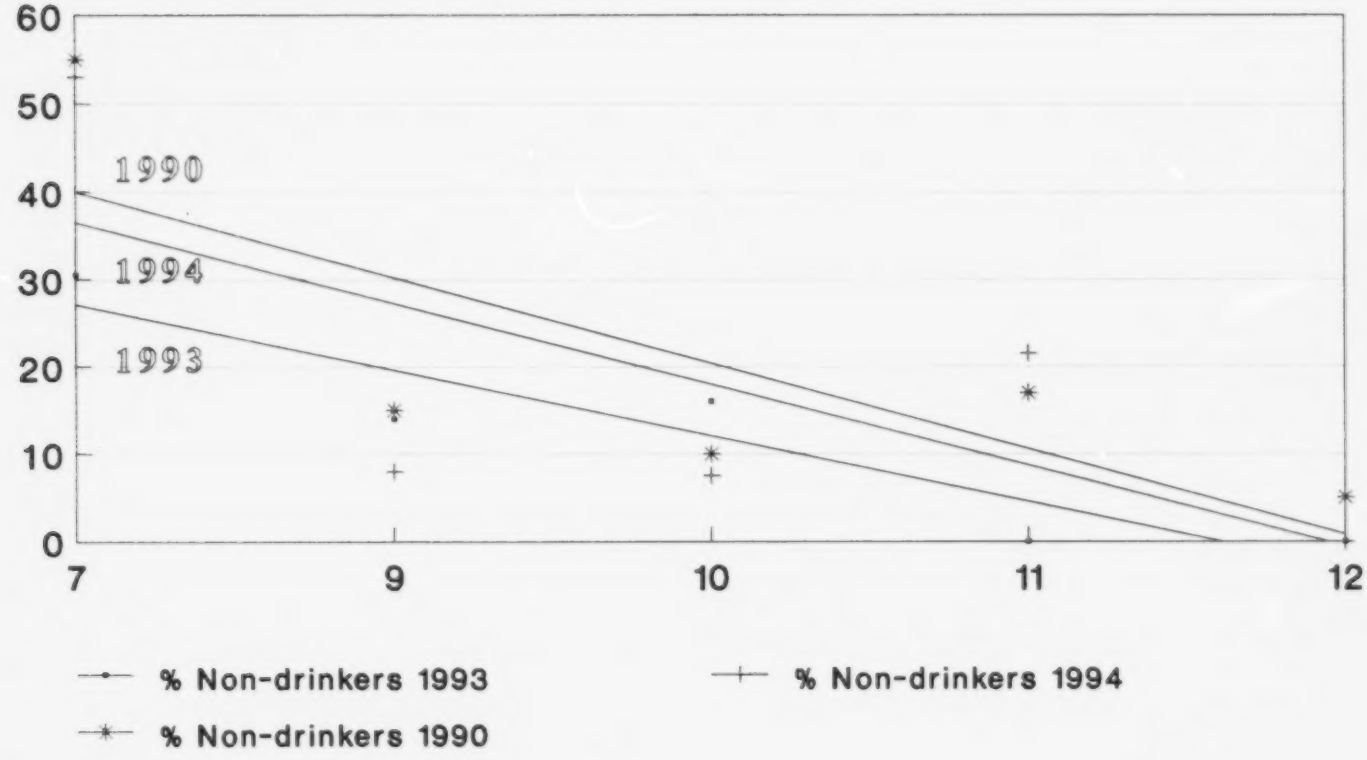


Figure 3.2

Students Who Have NOT Used Alcohol By Grade - 1990, 1993, 1994



Note: 1994 trend of MORE non-drinkers

Figure 3.3

Students Who Have NOT Used Marijuana By Grade - 1990 vs 1993

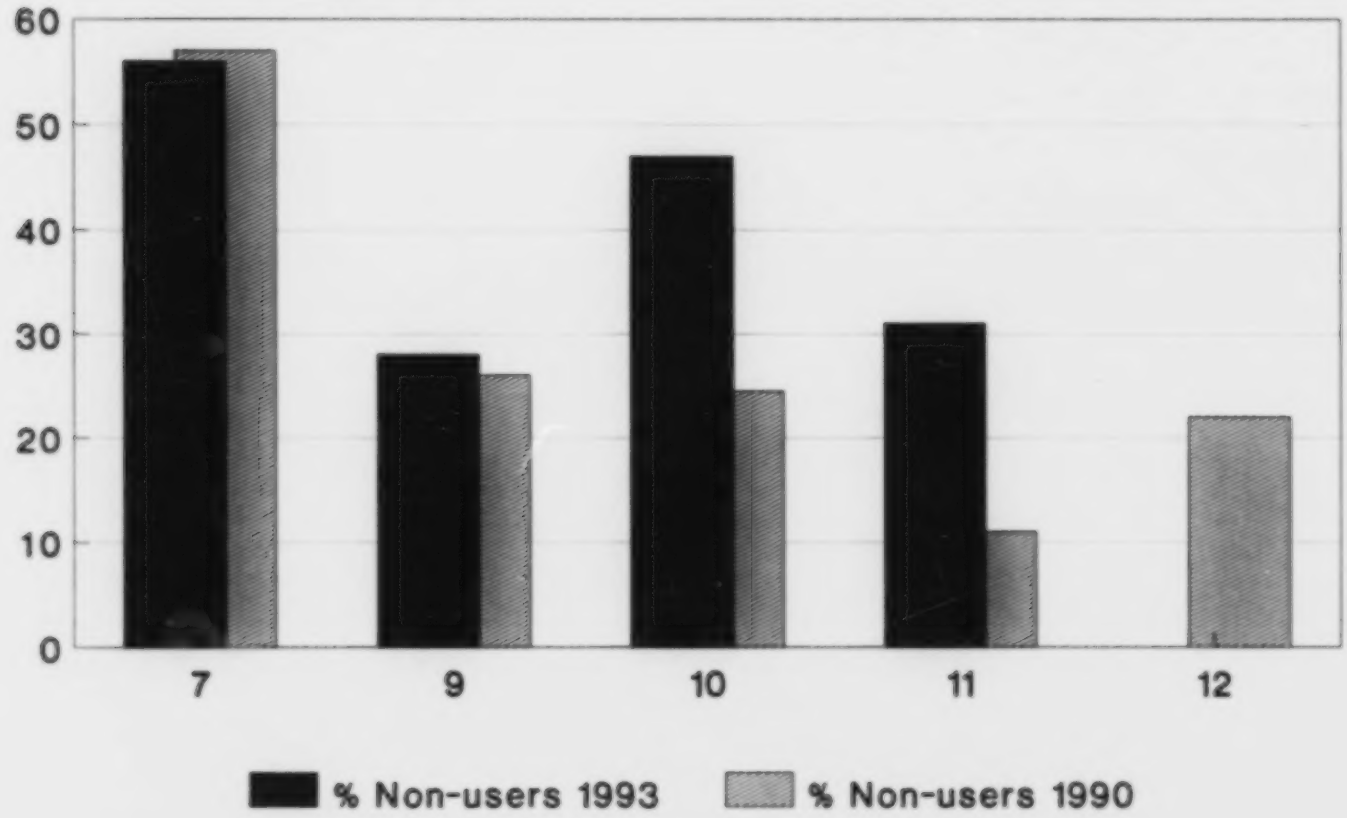


Figure 3.4

used marijuana. A comparison of 1993 and 1994 survey data is provided in Figure 3.5. Similarly to the case with alcohol, a substantial proportion (40-50%) of students report by the seventh grade. Again, for all three years, a sharp decline in reported non-usage is observed between grades seven and nine. In grade 10 only, there is a substantial increase in the proportion of students who report ever having used marijuana.

Trend lines for abstinence from marijuana are shown in Figure 3.6. Beginning at the top right side, the upper line is for the year 1993 when there were the greatest number of seventh graders who reported never having tried marijuana. The middle line represents the 1990's trend and the bottom is 1994. It can be seen that in 1994, the largest number of users in the seventh grade shows a much slower decrease in non-users across grade than the other two years surveyed. Apparently, there has been a slowing of the increase in usage across grade levels.

Table 3.2 shows the number of total students (seventh, eighth, ninth, and tenth graders) vs. the number of seventh graders that have used and have never used alcohol in 1993 and 1994. In 1994, more total number of students reported never having used alcohol than in 1993 (+3.8). An increase in seventh graders reporting "never having used alcohol" was also seen in 1994 (+12.9). Neither the total sample nor the seventh grade sample was significantly different.

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Students Who Have NOT Used Marijuana By Grade - 1993 vs 1994

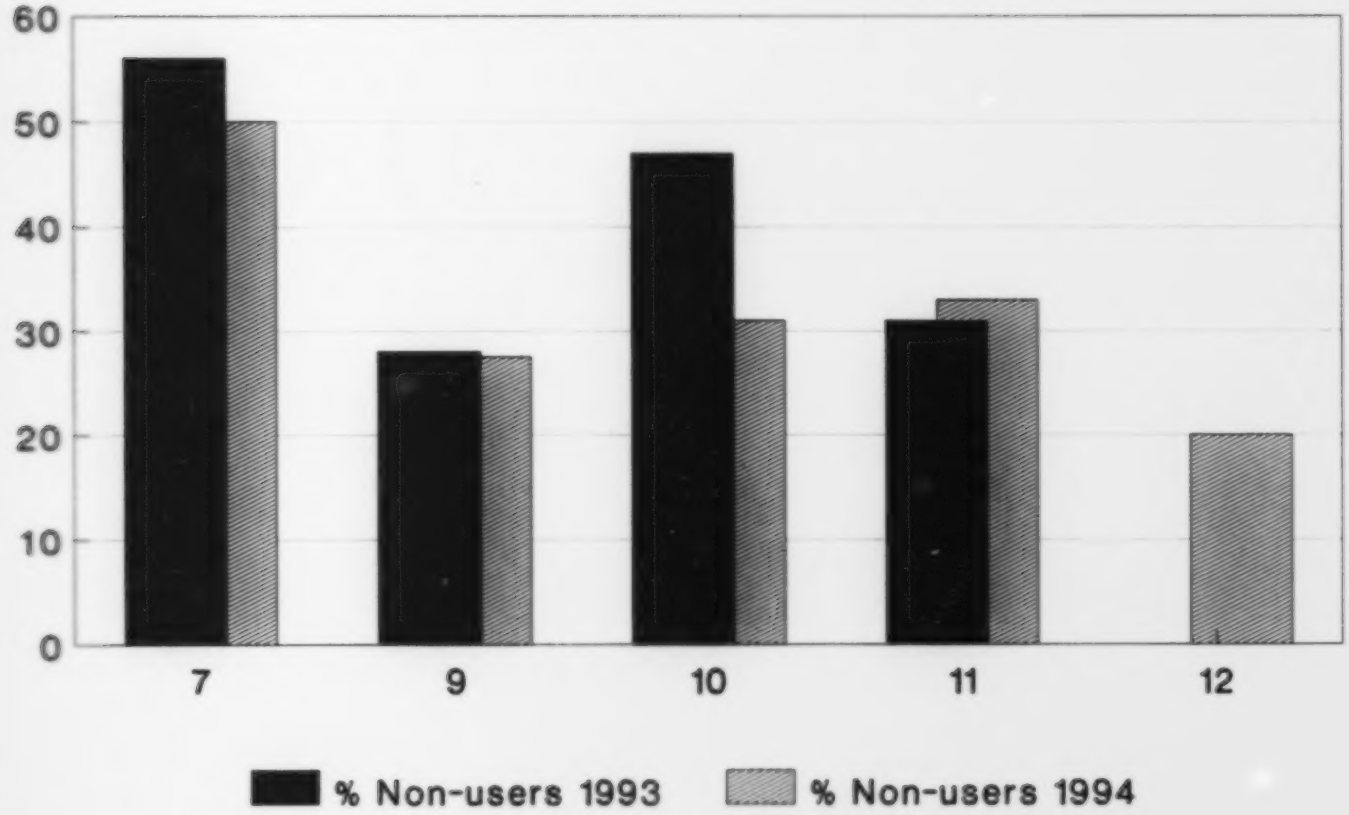

Figure 3.5

Students Who Have NOT Used Marijuana
Trends by Grade: 1990, 1993, 1994

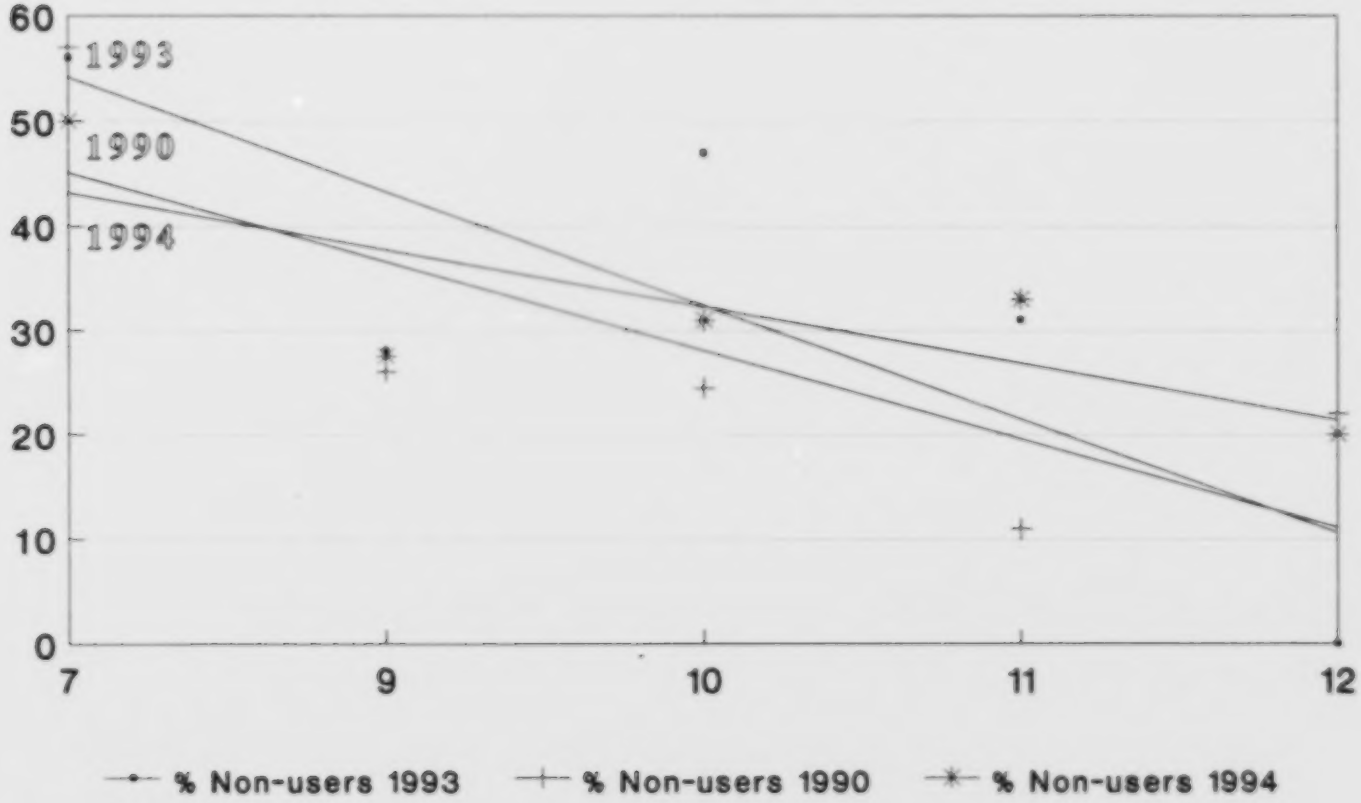

Figure 3.6

Table 3.2

Comparison of 7TH graders and total sample who have used/never used alcohol by year

	1993		1994	
	N	%	N	%
never used total	22	16.9	18	20.7
used total	77	70.2	69	64.4
Chi square = .06 p = .80				
never used 7TH graders only	7	30.4	13	43.3
used 7TH graders only	16	59.4	17	56.7
Chi square = .92 p = .34				

Table 3.3 shows the comparison of seventh and ninth graders in 1993 and 1994 who have and have not ever drank alcohol. In both 1993 and 1994 there is a decline from the seventh grade to the ninth grade in the number of students who report never having used alcohol. In 1993, 69.6% of the seventh grade students reported having used alcohol. In 1993, 85.7% of the ninth graders reported having used alcohol. This change of +16.1 from the seventh grade to the ninth grade was not statistically significant. In 1994, 43.3% of the seventh graders and only 8% of the ninth graders reported never having used alcohol. There was a significant difference reported between the seventh and ninth graders in 1994.

The profile for other drug usage is similar to that of marijuana and alcohol, and therefore is not reproduced here. However, one point is worthy of emphasis regarding the Okiyapi program. That is, the focus has been on alcohol usage, which all measures reported in all sections of this evaluation, as well as numerous other sources,

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Table 3.3

Comparison of 7TH and 9TH graders in 1993 and 1994 who have drank and have never drank

1993				
	7TH graders		9TH graders	
	N	%	N	%
Never used	7	30.4%	3	14.3%
Used	16	69.6	18	85.7
Chi square = 1.63 P = .21				
1994				
	7TH graders		9TH graders	
	N	%	N	%
Never used	13	43.3%	2	8.0%
Used	17	56.7	23	92.0
Chi-square = 8.58 p = .00				

show to be the major AOD problem on the reservation. However, these data clearly show an unacceptable level of usage of marijuana and other drugs, beginning by the junior high years for a substantial proportion of youth.

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Okiyapi has focused its efforts predominantly on alcohol, and alcohol usage among youth appears to be on the decline, a reversal of the previous trend. The focus of the Okiyapi program on youth and its extensive interagency coordination with the elementary and high school programs seems warranted given the data reported above. In contrast, other drug usage, which has not been the focus of Okiyapi efforts, has increased or remained the same among the youth. In Table 3.2 it was shown that, in 1994, 20% of youth reported using marijuana regularly and 25% reported regular usage of other drugs. Simply put, in the areas that Okiyapi has focused its efforts (alcohol, youth), usage has declined. In the areas where efforts have not been directed (marijuana, other drugs) there has been less of a decline or an increase in usage.

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IV. Community Needs Assessment Data

The Community Needs Survey was used to provide the project with information on Okiyapi and community status. The survey gathered information from both youth and adult residents from the Spirit Lake Sioux Reservation. More information on the survey, the procedures used for its administration, and the statistical analysis from the survey for all four years are discussed in the sections below.

IV.1 Comparison of 1993-1996 Community Surveys

The 1996 sample consisted of 154 employees and employers working on the Spirit Lake Sioux Reservation, who ranged in age from 15 years to 68 years; mean age was 38.2. Education of the respondents ranged from 8 years to 24 years; mean education was 13.9 years. The sample consisted of 59.7% female; 37.7% "married"; 11.0% "living with someone"; 37.7% "single;" and 14.3% "divorced." The 1996 sample was collected by the Family Health Coalition with the intent of assessing substance abuse problems in the workplace, and, therefore, differs in sampling from the surveys conducted by Okiyapi. These data were shared with the partnership as part of an ongoing interagency coordination.

The 1995 sample consisted of 144 residents of the Spirit Lake Sioux Reservation, who ranged in age of 13 years to 64 years. The mean age for the 1995 sample was 28.8. Education of the respondents of the 1995 sample ranged from 3 to 22 years; mean education was 11.5 years. The sample consisted of 41% male; 23.9% "married"; 21.6% "living with someone"; 44.8% "single"; 9.7% "divorced."

The 1994 sample consisted of 126 residents of the Devils Lake Sioux Reservation, who ranged in age from 13 to 65 years, with a mean age of 25.8 years. The sample was 41% male; 24% of the respondents reported that they were married, 21% "living with someone", 45% "single" and 10% "divorced." Years of formal education reported ranged from three to 22.

The 1993 Sample consisted of 94 residents of the Spirit Lake Sioux Reservation, who

ranged in age from 16 to 57, with a mean age of 32.9. The sample was 42% male; 38% of the respondents reported that they were married, 7% "living with someone", 41% "single" and 14% "divorced."

A. Discussion of Samples

The 1996 sample had the oldest mean age (38.6) and the 1994 sample had the youngest mean age (25.8). There was a significant difference between the 1993 and the 1994 year in age ($p < .05$). No other significant differences were reported in age across years. The sample from 1993 had the highest percentage of respondents reporting they were married (38%). The 1995 sample had the lowest reported percentage of individuals who were married (23.9%). A significant difference between the 1993 and 1995 marital status was found ($p < .05$). No other significant differences were found across year in regard to marital status.

B. Procedure

The Community Needs Surveys were administered each fall during the years 1993 through 1995. The 1996 survey was administered mid-summer. The 1993-1995 surveys were administered while school was in session to access adolescent and adult students from the high school and LHCC. For each year from 1993 - 1995 the survey was also administered to local agencies (such as IHS, the Tribal Council, etc.), local businesses, and mailed out (randomly) to 350 residents. The 1996 survey was administered to local agencies and local businesses. The participants were asked to fill out and return Form 1 in a stamped envelope addressed to the project. Participants were asked not to fill out and return Form 1 if they have already filled it out elsewhere to avoid duplicates. The efforts were intended to produce a sample that is both representative and large enough to infer characteristics of the community reliably.

In 1993-1994, the coalition board members were requested to assist with the sample by obtaining surveys from individuals served by their respective programs. The following programs participated in the 1993, 1994 and 1995 surveys: Four Winds School, Little Hoop Community

College, and Head Start. The 1996 survey was administered to businesses and industries on the Devils Lake Sioux Indian Reservation as part of a collaboration with a second ATOD (alcohol, tobacco and other drugs) coalition, and the Family Health Network, which was conducting a survey of ATOD prevalence, incidence and related issues among employees on the reservation. The 1996 survey was funded by the Family Health Network, and data made available for use by Okiyapi. In 1993, the only data collection sites selected specifically to assess workplace ATOD use were the two tribal industries. In 1994 - 1995, to obtain larger and more representative community samples, Okiyapi staff and AmeriCorps youth workers also distributed surveys to passersby in the Tribal Administration Building and a local business.

C. Instrumentation

The Community Needs Assessment Survey (Form 1) in 1993 consisted of 37 multiple choice questions and one open-ended item, related to perceptions and personal experiences of drugs and alcohol. Psychometric analyses--Cronbach's alpha, factor structures, correlations--were described in a previous evaluation report (Rousey, 1993). The measure has been found to have adequate reliability and validity for use with this population.

The first three pages of the 1994 and 1995 survey are identical to the 1993 assessment. The fourth page, comprised of 14 questions regarding the perceived reasons that individuals on the reservation begin, and continue, drinking, was added to the survey in 1994 due to a need identified by the evaluation committee and Okiyapi staff for additional information on these dimensions. The 1996 survey has all of the 1994-1995 survey questions in addition to questions used to evaluate how alcohol affects job/work performance. The purpose of Okiyapi was to reduce alcohol consumption on the entire reservation and has directed its efforts toward the youth. As a consequence of its short time period and focused goals it did not do any assessments with alcohol/drug experiences in relation to the work environment. The 1996 work questions are not assessed or discussed in this report. The Family Health Coalition has produced a report that

discusses these questions (Quamme, Hansen & Rousey,1996).

Two scores are calculated from the Needs Assessment Survey. Perception of Drug Problems is the sum of responses to five questions regarding whether alcohol, marijuana, crack/cocaine, prescription drug abuse, and inhalants, respectively, are a problem on the reservation. Results for each question range from 1 (=Not at All True) to 4 (=Completely True). The total score ranges from 5 (indicates none of the above are perceived as a serious problem) to 20 (indicates all are perceived as a serious problem).

Problem with Drinking includes 10 yes/no questions regarding alcohol use/abuse by the respondent and his/her immediate family. Eight questions ask whether specific events have happened to the respondent or a member of the immediate family. These events are: citation for driving under the influence, possession of alcohol/drugs, automobile accidents while under the influence, becoming pregnant while under the influence of alcohol/other drugs, work difficulties due to substance abuse, school difficulties due to substance abuse, use of drugs/alcohol in the morning, and admission to a treatment program. Two additional questions ask whether the respondent personally has ever drank alcohol, or experienced a blackout (loss of memory due to drinking).

In addition to the items included in the two scales, the Needs Survey includes several descriptive items such as age, education and marital status. Specific questions of interest to the coalition are also included, e.g., "Have you ever heard of the Okiyapi Community Partnership?"

D. Statistical Analysis

Descriptive statistics were calculated for specific item and total scores, both by year and for the combined sample. Histograms were created showing the reported frequencies of specific alcohol-related problems for the 1993, 1994, 1995, and 1996 survey responses. Bar graphs were also generated of the mean ratings on specific items related to perception of drug/alcohol problems in 1993 - 1996.

Inferential statistical tests (t-tests and chi-square analyses) were performed to determine statistical significance of any difference between years on the two total scores (Perception of Drug Problems, Problems with Drinking) and four specific items of interest to the coalition. These items included perception of problem of alcohol on the reservation, awareness of Okiyapi Community Partnership, perception of reservation attitude toward drinking, and perceived effectiveness of prevention programs.

E. Results

Perceptions of severity of problems with specific drugs is shown in Figure 4.1 for the years 1993 - 1995. The total Perception of Drug Problems score increased significantly, from a mean of 13.5 out of a possible 20, in 1993, to a mean of 15.0 in 1996. The probability of this difference occurring by chance is approximately one in

PERCEPTION OF ALCOHOL/DRUG PROBLEMS
1993 - 1995

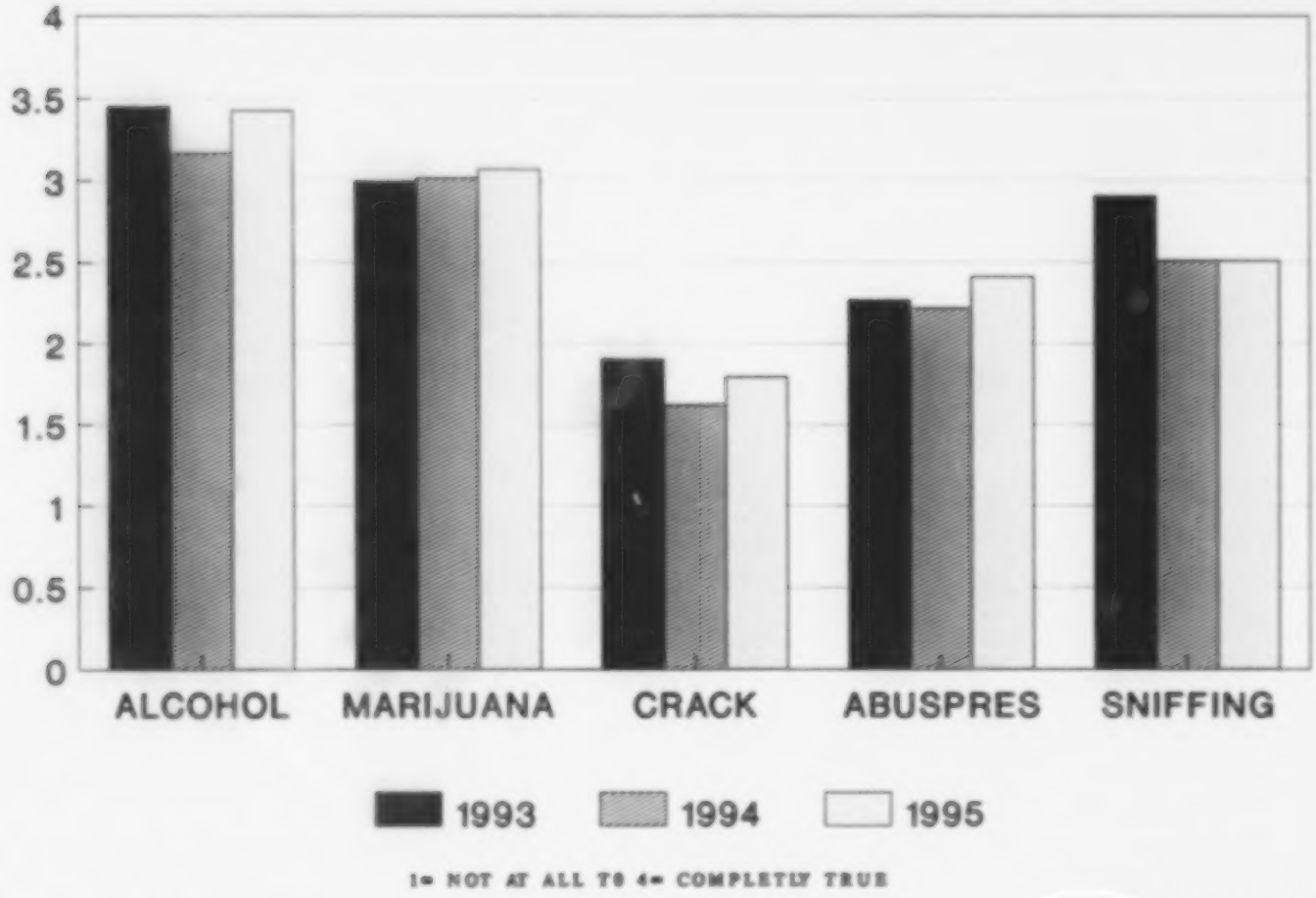

Figure 4.1

one hundred ($p < .01$). The reported prevalence of drinking (DRk) and nine problem behaviors related to alcohol are shown for 1993 - 1995 in Figure 4.2. Reading from the left of Figure 4.2, it can be seen that the percentage of individuals who drove while under the influence (DUI) had declined somewhat from 1993 to 1995. The number who had been cited for possession of alcohol (POSSESS) increased. Possession of alcohol on the reservation is a violation of tribal law. This increase may be due, however, to an increase in enforcement efforts rather than in increase in drinking. Since the inception of the program, the percentage of respondents reporting that they do drink alcohol (DRK) has decreased each year. The percentage of respondents who reported having been in an alcohol-related car wreck (WK) is approximately the same from 1993-95, while the percentage who reported having ever had a blackout (memory loss) due to drinking, increased. While the items related to drinking generally decreased or remained stable, all of the items which related to alcohol OR drugs increased; e.g., the proportion who had gotten pregnant while under the influence of alcohol or drugs (PG), who had trouble on the job (JOB) or at school (SCL) due to alcohol or drug problems and who had been sent off of the reservation for treatment. The total problems with alcohol/drugs score declined from 1993 (mean = 2.45) to 1995 (mean = 2.40). This difference was not statistically significant, declining indicators of alcohol abuse were offset by rising incidence of drug abuse.

Regarding alcohol in particular, which has been the major focus of the project, no significant difference was seen in the severity of the problem perceived, with an increase from a mean of 3.5 in 1993 to a mean rating of 3.54 in 1996. A second specific item of interest was community awareness of the program. This showed a significant change. In 1993, only 32% of those surveyed reported that they had heard of Okiyapi. In 1994, this figure had nearly doubled to 62%. In 1995, 75.2% reported that they have

PREVALENCE OF ALCOHOL/DRUG PROBLEMS
1993 Compared to 1995

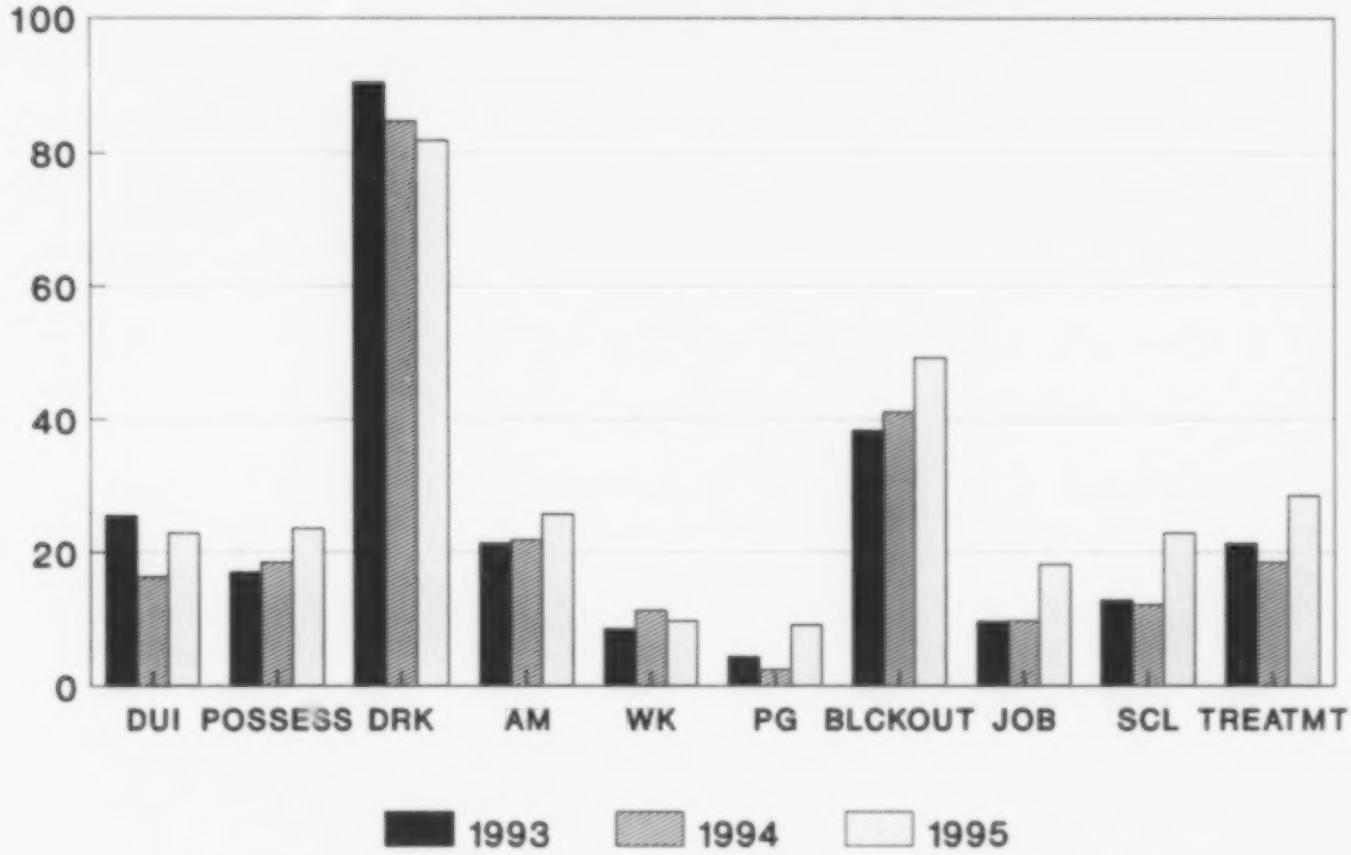

Figure 4.2

heard of Okiyapi. In 1996 54.9% reported that they had heard of Okiyapi. The decline seen in the 1996 sample may be due to different populations of interest between the two coalitions. The Family Health Network gathered the 1996 Community Needs Data and shared its information as a result of interagency cooperation. The Family Health Network's Community Needs Survey concentrated on the workplace, while Okiyapi randomly selected residents from the Spirit Lake Sioux Reservation. Okiyapi did not restrict administration of the Community Needs Survey to the workplaces because Okiyapi's goal was to obtain estimates of substance abuse prevalence in the community as a whole. The 1996 sample was not inclusive of members who live on the reservation.

Two other items showed changes in the anticipated direction, but these were not statistically significant. The mean rating of the item, "Drug and alcohol programs work well together here", decreased from 2.1 (on a scale from 1 to 4) to 2.0 in 1996. A slight change was also found in the mean response to the question "How do most reservation residents feel about alcohol?" rated on a scale of 1 (=it's ok) to 3 (=strongly disapprove). The mean increased nonsignificantly from 1.79 in 1993 to 1.81 in 1996.

F. Discussion of Community Needs Survey

The second goal of establishing a coordinating body to provide community agency networking and a comprehensive substance abuse prevention plan was met by Okiyapi as shown by data from the Community Needs Surveys, taken together with data from the Daily Activity Reports and North Dakota Youth Drug and Alcohol Survey, mentioned previously. Three of the five outcomes that Okiyapi desired to have achieved at its completion also have been reached. The outcomes are the following: to decrease alcohol and other drug related incidents, permanent strengthening and coordination of community treatment and non-treatment resources, and permanence of community attitude change (community's knowledge of alcohol/drug prevention should increase while tolerance of alcohol and other drugs should decrease).

The second goal of establishing a coordinating body to provide community agency networking was met. Inter-agency coordination and networking was also achieved by the coalition board with members assisting by obtaining surveys from individuals served by their respective programs. Networking also occurred throughout Okiyapi's existence. One example of such networking is the Family Health Network's sharing of the 1996 data on the Community Needs Survey.

The outcome of a decrease in alcohol and other drug incidents can be seen by the decreases in the number of DUI's and consumption of alcohol from 1993 to 1996. More individuals also went into treatment for alcohol in 1995 than in 1993. The outcomes of permanent strengthening and coordination of community treatment and non-treatment resources can be assessed by the residents becoming more aware of Okiyapi. Permanence of community attitude change can be seen by the increased perception of problems of alcohol, marijuana, crack, abuse of prescription drugs, and sniffing from 1993 to 1996.

IV.2 Analysis of Youth Sample from the Community Needs Assessment

A. Rationale

Section III replicates an extremely common finding in the literature of alcohol/drug prevention, i.e., the high proportion of youth who begin using alcohol or drugs in middle school or high school years. As the Daily Activity Report data showed in Section II, the majority of Okiyapi contacts have involved children and youth. Those data, and other sources discussed in this final report, document substantial interagency coordination with youth programs such as the Four Winds High School, Family Circle Tipi (which serves families of adolescents), Tate Topa Tribal School, Dakota Wounspe and Unity Youth Group.

Further, there were significant differences in the age distribution of the samples from 1993 to 1995. The 1996 Community Needs Survey did not contain a sufficient population of youth. Therefore, it was deemed inappropriate to compare the small sample size of 1996 to 1993-1995. According to Sternberg (1991), early adolescence is when susceptibility to peer pressure and sanctions for nonconformity are the greatest. Similarly, Rodriquez, Adrados and De La Rosa (1993) reported a negative correlation between age and AOD use in a national sample of 869 adolescent males. These findings suggest that the results in Section IV.1 may be an underestimate of the effectiveness of Okiyapi, given the significant difference in age between the 1993 and 1995 samples. Consequently, a comparison was made of the Community Needs Assessment data from reservation youth in 1993 - 1995 to evaluate the impact of the project on this population and to reduce the effect of age as a confounding variable.

B. Sample

Subjects were part of the annual community surveys conducted in the fall semesters of 1993, 1994 and 1995. Data were collected at the reservation high school, tribal college, Head Start (from parents), tribal administration building, and Comprehensive Child Development Program. Approximately 42% of respondents in each annual survey provided their age. A total of 156 respondents listed their age as 21 and under; 28 from 1993, 71 from 1994, and 57 from 1995. The distribution by age for each year is shown in Table 4.1. Although there is a greater dispersion of age in the 1994 and 1995 samples, the difference in age distribution was not statistically significant from the 1993 to the 1994 samples ($t(84) = .72$, $p > .45$). The average age for the 1993 sample was 17.0 years. In 1994 the mean was 16.6 years, and 16.0 years in 1995. From the 1994 to the 1995 sample the difference in age distribution was significant ($t(120) = 2.09$, $p < .05$). The 1993 sample to the 1995 sample reports a significant difference in age distribution ($t(74) = 2.37$, $p < .05$). Marital status was also similar across the four years sampled, with 74% of youth both years reporting their status as "single, never married," 15.7% reporting that they are "living with someone," 6.4% were "married," and 4.3% were "divorced." There was not a significant difference in educational level, with a mean of 11.4 years for the 1993 sample, 12.1 in 1994, and 10 in 1995 ($t(84) = .72$, $p < .75$).

C. Statistical Analysis

Descriptive statistics were calculated for specific items and total scores, both by year and for the combined sample. Inferential statistical tests (t-tests and chi-square analyses) were performed to determine statistical significance of any difference between years and the two total scores (Perception of Drug Problems, Problems with Drinking) and four specific items of interest to the coalition. These items included: perception of problem of alcohol on the reservation, awareness of Okiyapi Community Partnership, perception of reservation attitude toward drinking and perceived effectiveness of prevention programs.

Table 4.1
Age Distribution by Year

	1993 (N=20)		1994 (N=63)		1995 (N=54)	
AGE	N	%	N	%	N	%
13 years	0	-0-	1	1.6	2	3.6
14	0	-0-	9	14.3	6	10.7
15	0	-0-	6	9.5	16	28.6
16	8	40.0	10	15.9	15	26.8
17	8	40.0	23	36.5	11	19.6
18	2	10.0	4	6.3	1	1.8
19	1	5.0	6	9.5	1	1.8
20	0	-0-	2	3.2	2	3.6
21	1	5.0	2	3.2	2	3.6
CHI-SQUARE = 30.27 P > .05						

D. Results

Prevalence of specific problems with drinking for the youth sample from 1993 - 1995, is shown in Figure 4.3. It can be seen that the least common problem reported was pregnancy while under the influence. Twelve respondents reported that, in the past three years, they, or a member of their immediate family, had become pregnant/gotten someone pregnant while under the influence of alcohol/drugs. At the opposite extreme, 142 of the 156 respondents (91%) across all three years reported drinking. This is coded as a drinking problem, first because alcohol is prohibited on the Spirit Lake Sioux Reservation, and secondly 43% of the sample respondents (total from 1993 - 1995) were under age 21. For these youth, possession of alcohol is a violation of both tribal and state laws. Still more serious is the fact that 43% of the sample, or over half of those who reported drinking, also reported experiencing

Figure 4.3

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memory loss due to drinking. Figure 4.4 shows the prevalence of each type of problem by year. It can be seen that three out of the ten problems related to drinking declined in reported prevalence from 1993 to 1995. The frequency of blackouts, or memory loss due to drinking, decreased from 46.5% in 1994 to 40.4% in 1995.

Youth in 1993 reported a mean of 3.7 problems related to drinking, i.e., the average youth experienced 3.7 of those events listed in Figures 4.2 and 4.3, either personally or within his/her immediate family. Youth in 1994 reported an average of one less alcohol/drug related problem (mean = 2.7) in the preceding 12 months than youth surveyed in 1993. Youth in 1995 reported an increase in alcohol/drug related problems (mean = 7.0). The 1993 sample compared to 1995 reported this difference not to be statistically significant ($t(74)=1.82$, $p < .07$). The mean Perception of Drug Problem score was lower in 1994 (mean = 11.7) than in 1993 (mean = 13.1) but this difference was also not statistically significant ($t(84)=1.8$, $p < .07$).

One of the comprehensive goals of the community partnership was to reduce alcohol consumption 15% during its existence. Table 4.2 shows the number of youth by year who reported that they "drank beer or any other alcoholic beverage." In 1993 89% of the youth reported that they "drank beer or any other alcoholic beverage." In 1994, this number decreased to 84.5%. In 1995 the number of youth who "drank beer or any other alcoholic beverage" decreased to 75%. Alcohol consumption decreased a total of 14% from 1993 to 1995 among the youth; this is close to Okiyapi's objective of 15%. This difference was significant ($t(83)=7.0$, $p < .00001$).

In addition to the total scores, certain specific items were of interest to the partnership due to their relationship with particular emphasis in efforts over the past year. An examination of the rating of the severity of alcohol problems, which has been the major focus of Okiyapi, showed a significantly lower mean in 1995 (mean = 3.1)

TOTAL PREVALENCE OF ALCOHOL-RELATED PROB AMONG RESERVATION YOUTH 1993-1995

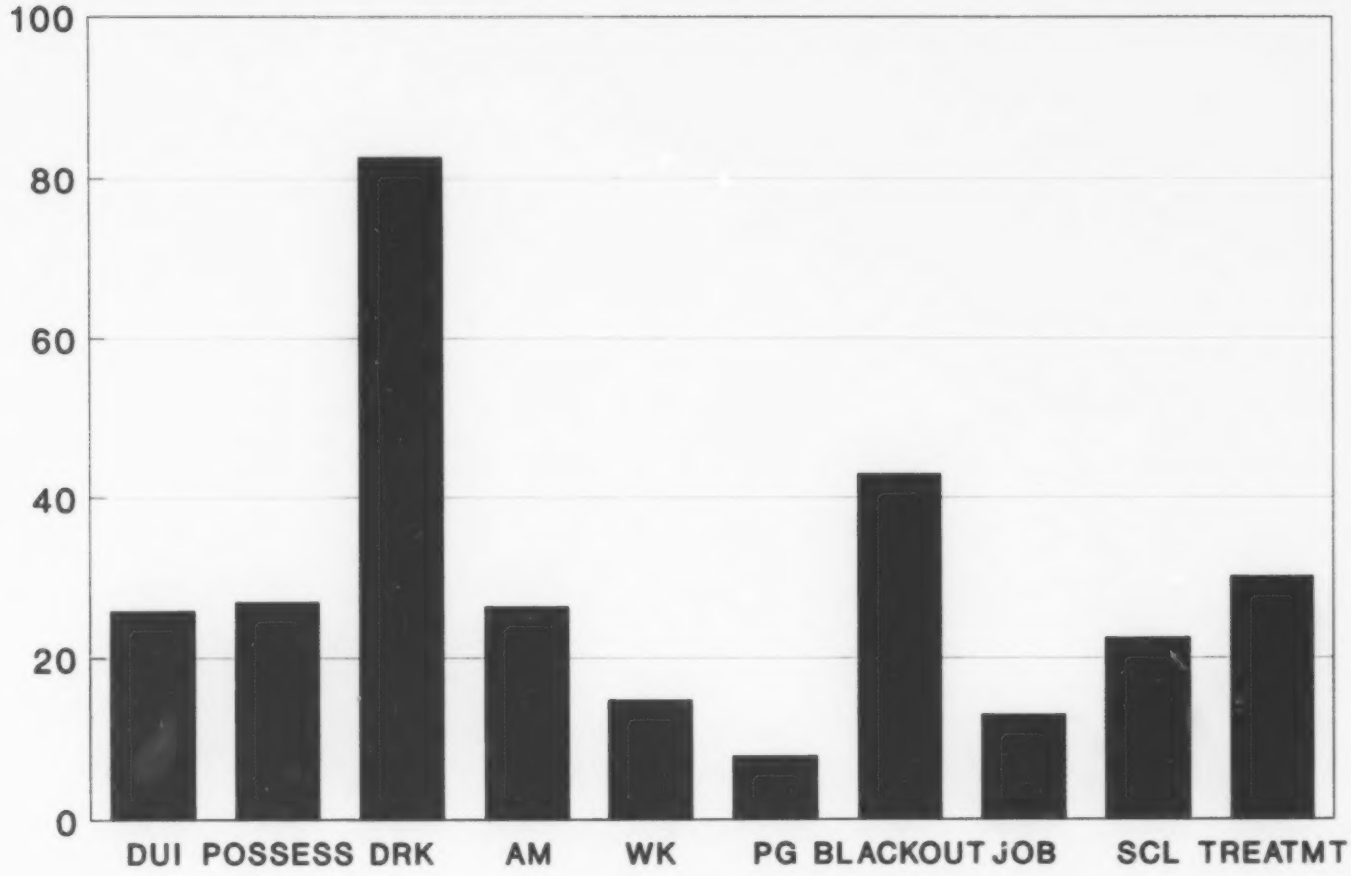

Figure 4.3

PREVALENCE OF ALCOHOL/DRUG PROBLEMS
AMONG YOUTH (UNDER 21): 1994-1995

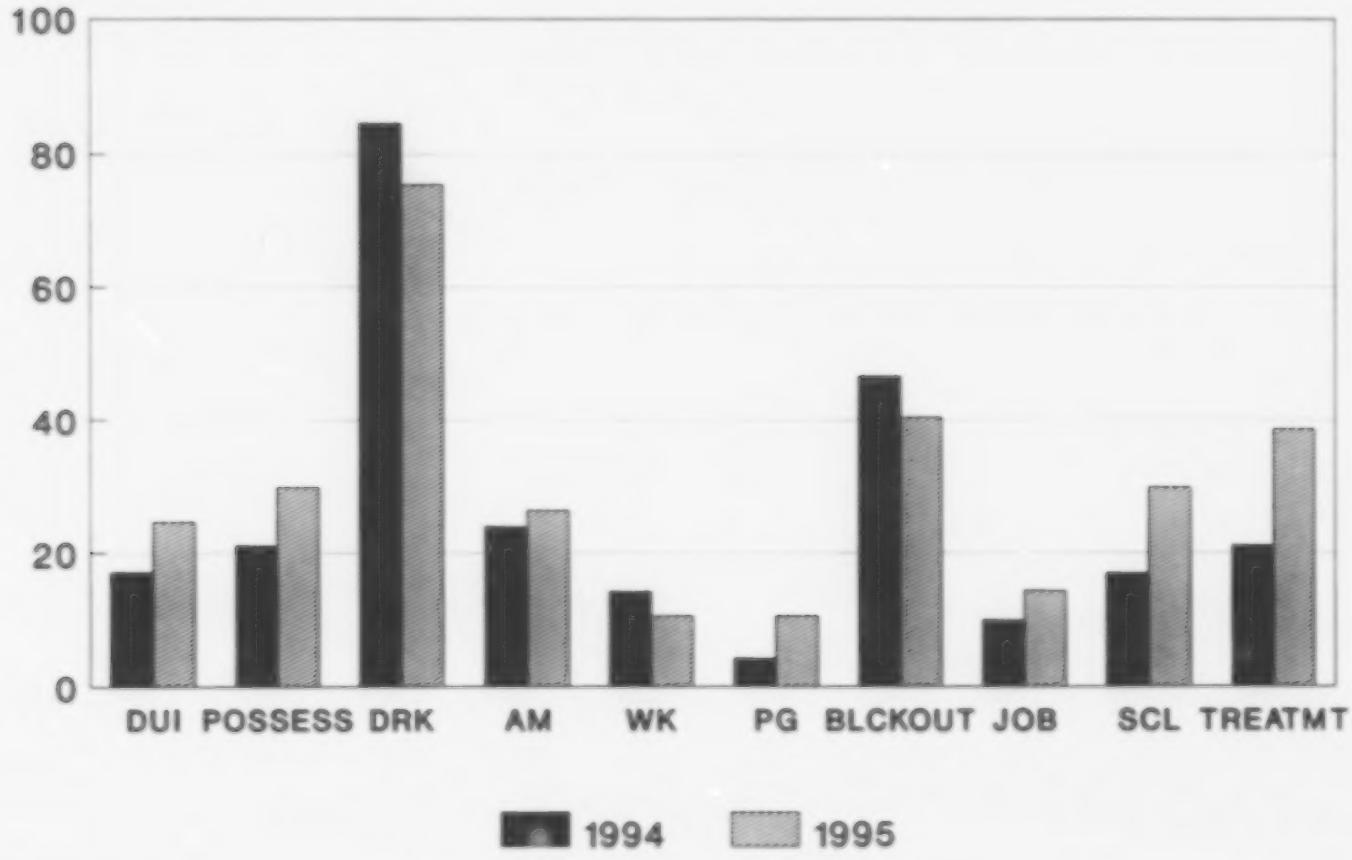

Figure 4.4

Table 4.2
Percentage of Youth Who Have Used an Alcoholic Beverage

	Yes Respondents	Total Respondents	Percentage
1993	25	28	89.3%
1994	60	71	84.5
1995	43	57	75.4

than in 1993 (mean = 3.6, $t(74)=2.12$, $p < .05$).

In 1993 community awareness of Okiyapi programs was limited and, as a result, publicity efforts were increased significantly. Table 4.3 compares the percentage of youth respondents aware of Okiyapi programs in 1993 -1995. It is apparent from Table 4.3 that awareness of the Okiyapi Community Partnership has significantly increased among the reservation youth.

Table 4.3
Percentage of Youth Surveyed Aware of Okiyapi

Item: Have you heard of the Okiyapi Community Partnership?

	1993		1994		1995	
	N	%	N	%	N	%
YES	5	25.0	35	55.6	33	57.9
NO	15	75.0	28	44.4	24	42.1

CHI-SQUARE = 6.73, $p < .05$

Together with the increased awareness has come a positive perception of the program. When asked where their first choice for help with an alcohol or drug problem would be, 3.5%, 13.6%, and 8.0% in 1995, 1994, and 1993 respectively, responded that Okiyapi would be their first choice. While 29.4% of youth in 1993 cited "friends" as their first choice for help with a

drug/alcohol problem, this was the choice of only 3.5% of the 1995 sample. In 1993 only 12.0% of the youth would have chosen "traditional healers" for their first choice in help. In 1994 3.0% of the youth chose this avenue, and in 1995 choosing "traditional healers" as a first choice in help rose to 21.1%. These differences were statistically significant (chi-square = 42.9, $p < .01$).

Finally, two areas surveyed showed almost no change from 1993 to 1995. When asked the general attitudes on the reservation toward drinking, 21.1% of youth characterized it as "strongly disapproved" in 1993 and 1994, and in 1995 the number increased to 21.8%. The general perception of the coordination of prevention programs also showed no noticeable change. Table 4.4 shows youth respondents' ratings of prevention programs in 1993 - 1995. In 1993 - 1995, the majority of youth did not believe that prevention programs work very well together.

Table 4.4
Youth Respondents Rating of Prevention Program Coordination

Item: Alcohol/drug prevention programs work very well together.

	1993		1994		1995	
Rating	N	%	N	%	N	%
Not at all true	36	30.0	20	31.7	9	16.1
Somewhat true	9	45.0	24	38.1	27	48.2
True	3	15.0	14	22.2	11	19.6
Completely true	0	-0-	0	-0-	9	16.1

Discussion of Community Needs Youth Assessment

Okiyapi has concentrated prevention efforts predominantly on alcohol, with special attention to the youth that live on the reservation. Its focus has worked. In 1995 only 75.4% of the youth reported having drank alcohol. In 1993 89.3% of the youth respondents reported having "drank beer or any other alcoholic beverage." This is a 14% decrease in the number of youth who have used alcohol. Okiyapi, in its beginning, had projected a 15% decrease. Paradoxically, while the number of youth reporting involvement in alcohol-related activities declined (e.g., lower incidence of drinking, fewer alcohol-related accidents), the number reporting alcohol-related charges (e.g., DUI) received by themselves or family members, actually increased. This may indicate that the Spirit Lake Sioux Reservation Law Enforcement and community is not as accepting of teenagers using alcohol. Among the youth, there was no significant change in the perception of the problem of drugs and alcohol, although the actual problems reported had decreased. As seen in the previous section, the perception of the severity of problems by the general community had actually increased. This may reflect the effects of two countervailing efforts of the coalition. On the one hand, there has been a major effort to bombard the community, particularly youth, with substance abuse awareness information to raise consciousness of the dangers and unacceptable prevalence of substance abuse, particularly alcohol. On the other

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hand, there has been a concerted effort in offering alcohol/drug-free activities and parent support and training to reduce the prevalence of alcohol use and related problems. The result has been that alcohol use and incidents have decreased while community perceptions have increased or remained stable.

IV.3 Factors Inhibiting Prevention and Maintaining Alcoholism

A. Rationale

After the 1993 Community Needs Assessment it was decided that more information was needed regarding the reason community residents do not get help for drinking problems and the factors which lead to residents drinking in the first place. Consequently, 14 additional questions were included in the 1994 survey. The 1995 and 1996 survey kept those 14 questions. These questions included eight which addressed factors inhibiting treatment and six factors inhibiting prevention. Separate sets of questions were included based on conversations with coalition members and staff, who hypothesized that the dynamics of the maintenance of an alcoholic lifestyle might be quite distinct phenomena from the decision to begin drinking.

B. Statistical Analysis

Descriptive statistics (means, standard deviations and frequency distributions) were calculated for all 14 variables, both for the total sample and the youth sample. Correlations were obtained among the 14 variables. Mean responses were compared for the 1994 - 1996 samples using a repeated measures Analysis of Variance. Factor analysis was performed with two hypothesized factors: inhibition of prevention efforts and inhibition of treatment efforts.

C. Results

Table 4.5 shows the mean ratings of factors inhibiting treatment for the total sample. The most reported factors for inhibiting treatment among the total sample in 1994 were "Police don't take alcohol offenses seriously - no enforcement" (mean 2.8) "Lack of trained personnel", and "People don't believe they can quit drinking" (mean 2.8). In 1995, the most reported factors for inhibiting treatment were also "Police don't take alcohol offenses seriously" (mean 3.0) and "Untrained staff on the reservation" (mean 3.0). In 1996, the most reported factor for inhibiting treatment was "Friends and family use alcohol" (mean 2.8). Responses for individual items are shown in Table 4.5 and Figure 4.5.

Figure 4.6 shows the mean rating among the youth of factors inhibiting treatment. In both 1994 and 1995 the most reported factor for inhibiting treatment was "People don't believe that they can quit drinking" (mean 2.85). This could imply that more needs to be done with regard to treatment programs, self-esteem, locus of control, and other factors to help people gain control over their drinking. The items in Table 4.5 below are shown, in order from left to right, on Figure 4.5 and Figure 4.6.

Table 4.5
Mean Rating of Factors Inhibiting Treatment
On a Scale of 1(=Not at all true) to 4(=Completely True)

Item: Why do you think people do not seek help for drinking problems?

	1994		1995		1996	
ITEM	Mean	N	Mean	N	Mean	N
Not enough treatment programs on the reservation	2.7	112	2.8	134	2.0	146
Alcohol is accepted by the community	2.5	107	2.7	136	2.5	154
Police don't take alcohol offenses seriously	2.8	111	3.0	136	2.4	141
Friends/family use alcohol	2.7	109	2.8	136	2.8	144
Untrained staff on the reservation	2.7	111	3.0	131	2.6	143
Programs insensitive to Native American culture	2.7	110	2.6	135	2.2	138
People do not believe they can quit drinking	2.8	109	2.9	135	2.7	145
Other	2.7	23	3.5	22	2.6	63

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INHIBITING TREATMENT
1994 - 1996

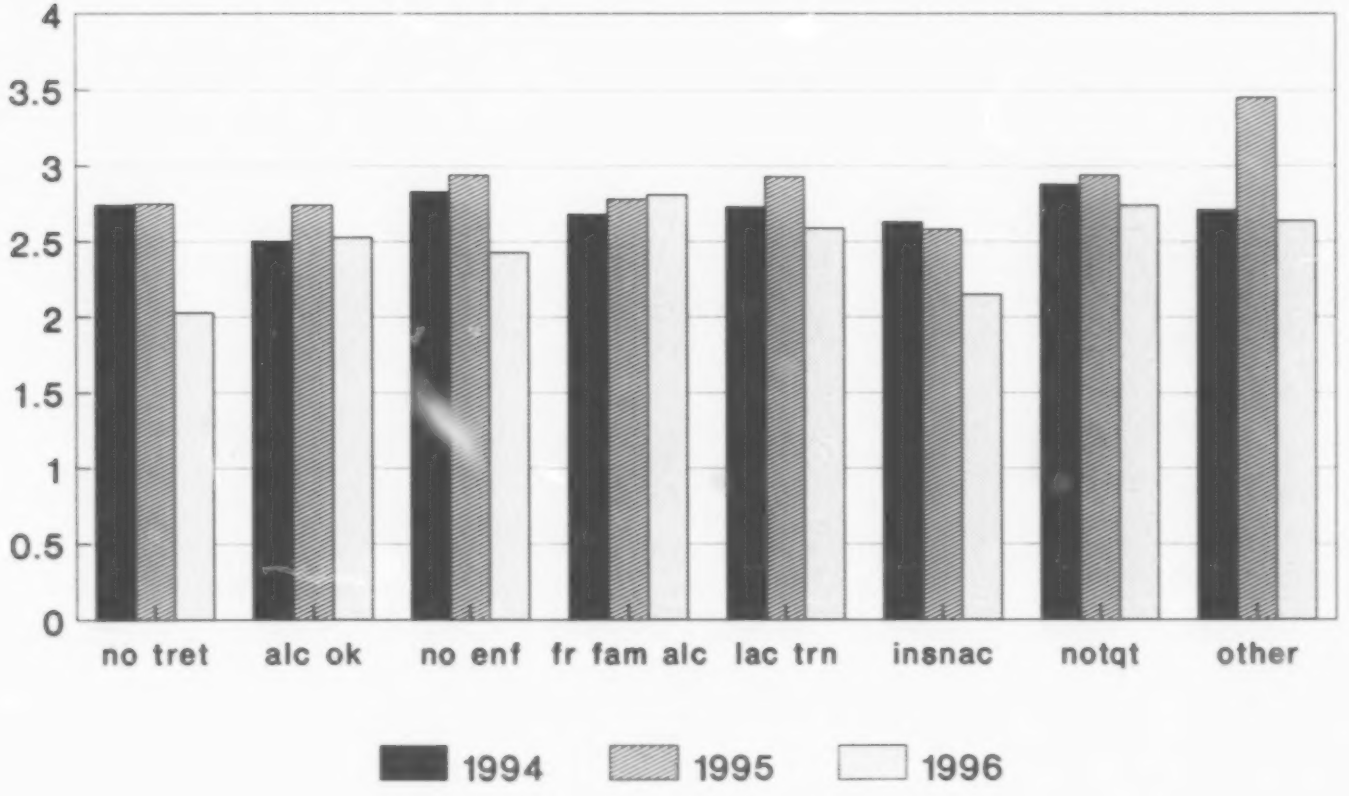

Figure 4.5

Inhibiting Treatment
Youth Sample

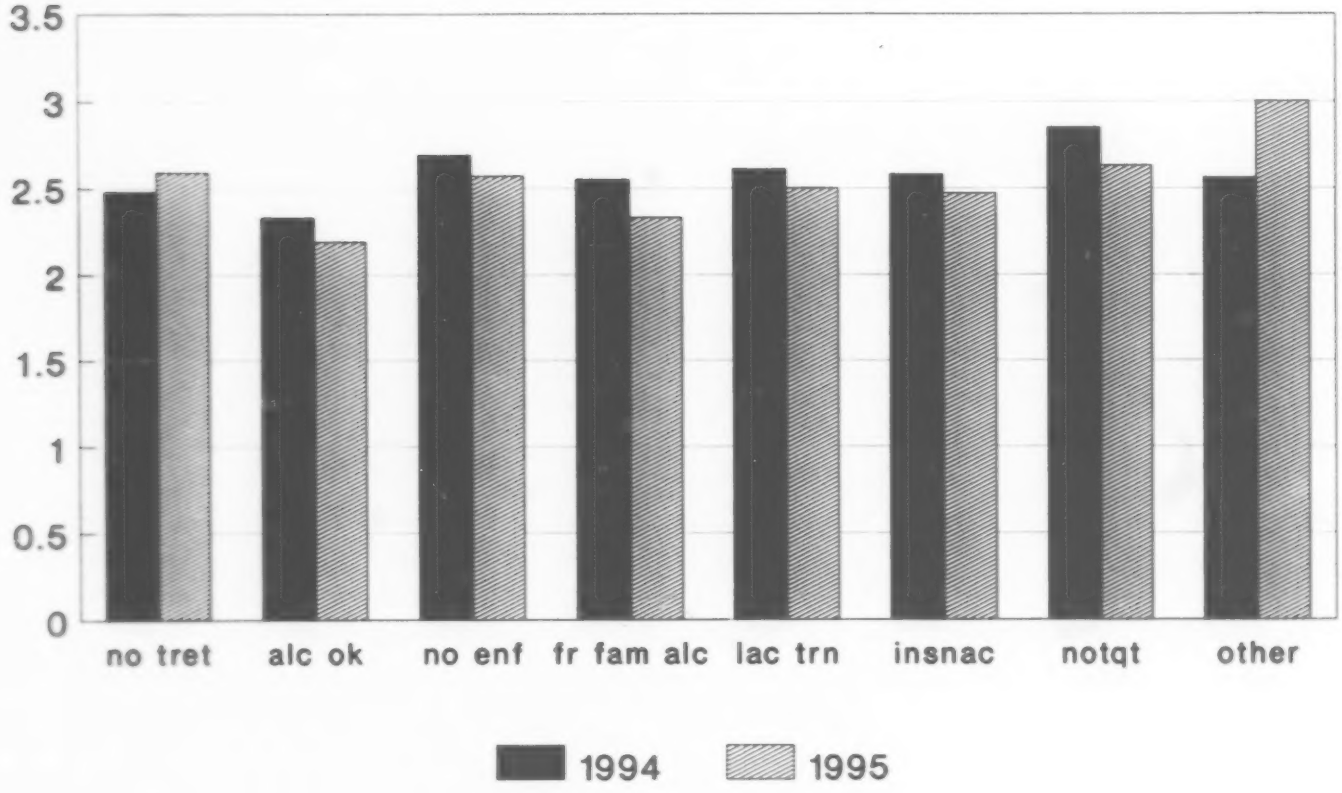

Figure 4.6

Responses that inhibit prevention efforts for both the youth and total samples are listed in Table 4.6. Figure 4.7 shows only the mean rating for factors that inhibit prevention among the total sample. Items on factors inhibiting prevention, shown from left to right on the chart, were:

"There are no prevention programs",

"Alcohol is accepted by the community",

"Parents or other family members abuse alcohol",

"Friends abuse alcohol",

"They're bored; there's nothing to do on the reservation" nad,

"Other reasons". [1]

The number one factor rated as the greatest inhibitor to prevention efforts in 1994, 1995, and 1996 among the total sample was "Friends abuse alcohol" and "Nothing else to do on the reservation." The third most reported factor that inhibits prevention across all years was that "parents/family abuse alcohol."

Figure 4.8 shows the mean rating for factors that inhibit prevention among the youth. The number one mean response in 1994 among the youth sample was "friends abuse alcohol" (mean 3.3) followed by "nothing else to do on the reservation" (mean 3.2). In 1995, the most important factor that inhibits prevention was "Nothing else to do on the reservation" (mean 3.4) followed by "friends use alcohol" (mean 3.0). Comparisons between youth and adult responses showed no significant differences. As can be seen a similar pattern of responses is reflected among the youth and total sample.

[1] "Other" was not included as an item on the 1996 questionnaire

Table 4.6
Inhibiting Prevention of the
Total Sample and the Youth Sample
1=Not at all Important; 4=Extrememly Important

Item: Why do you think people start drinking in the first place?

	1994		1995		1996
ITEM	Total	Youth	Total	Youth	Total
Not enough prevention programs	2.5	2.4	2.7	2.5	2.1
Alcohol abuse accepted by community	2.6	2.3	2.9	2.3	2.8
Parents/family abuse alcohol	2.9	2.8	3.0	2.5	3.0
Friends use alcohol	3.3	3.3	3.2	3.0	3.3
Nothing else to do on the reservation	3.2	3.2	3.2	3.4	3.1

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INHIBITING PREVENTION
1994 - 1996

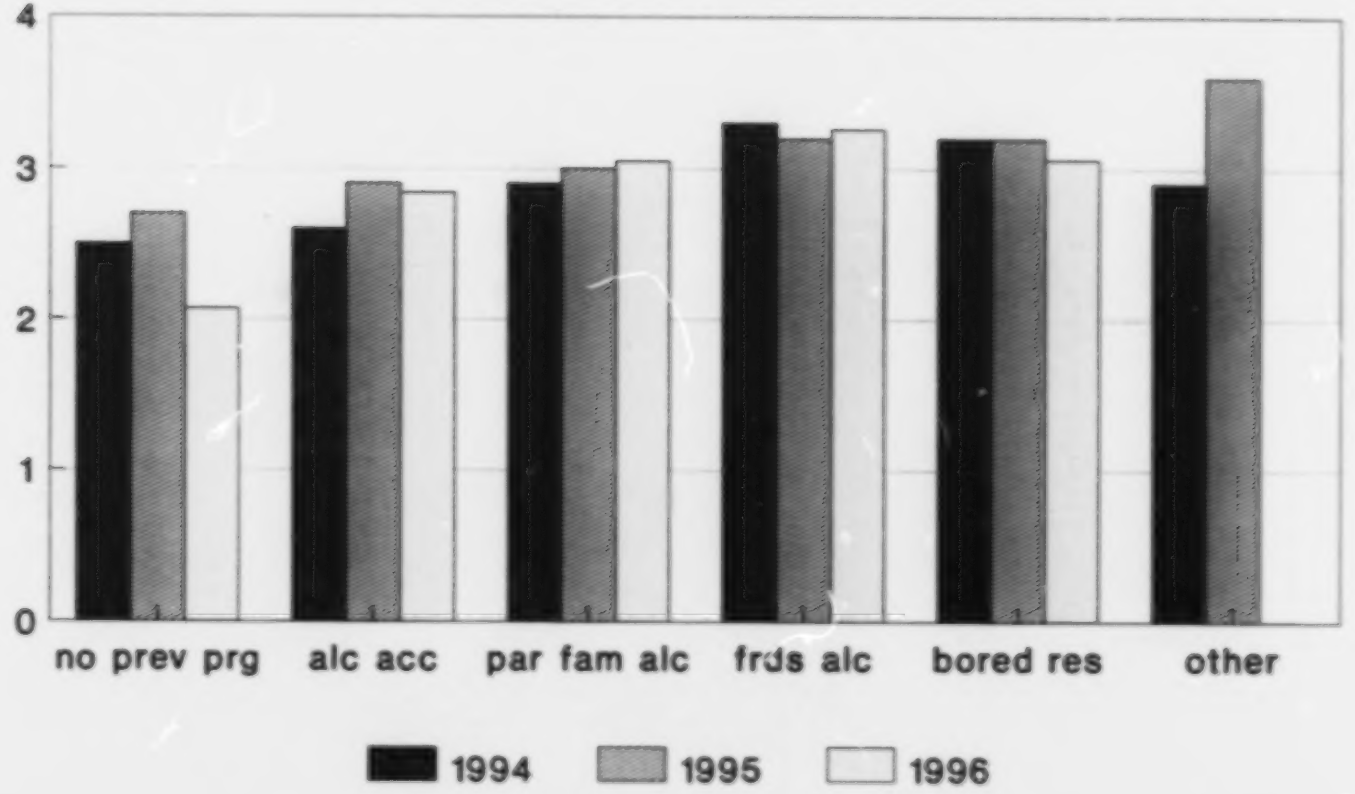

Figure 4.7

INHIBITING PREVENTION
YOUTH

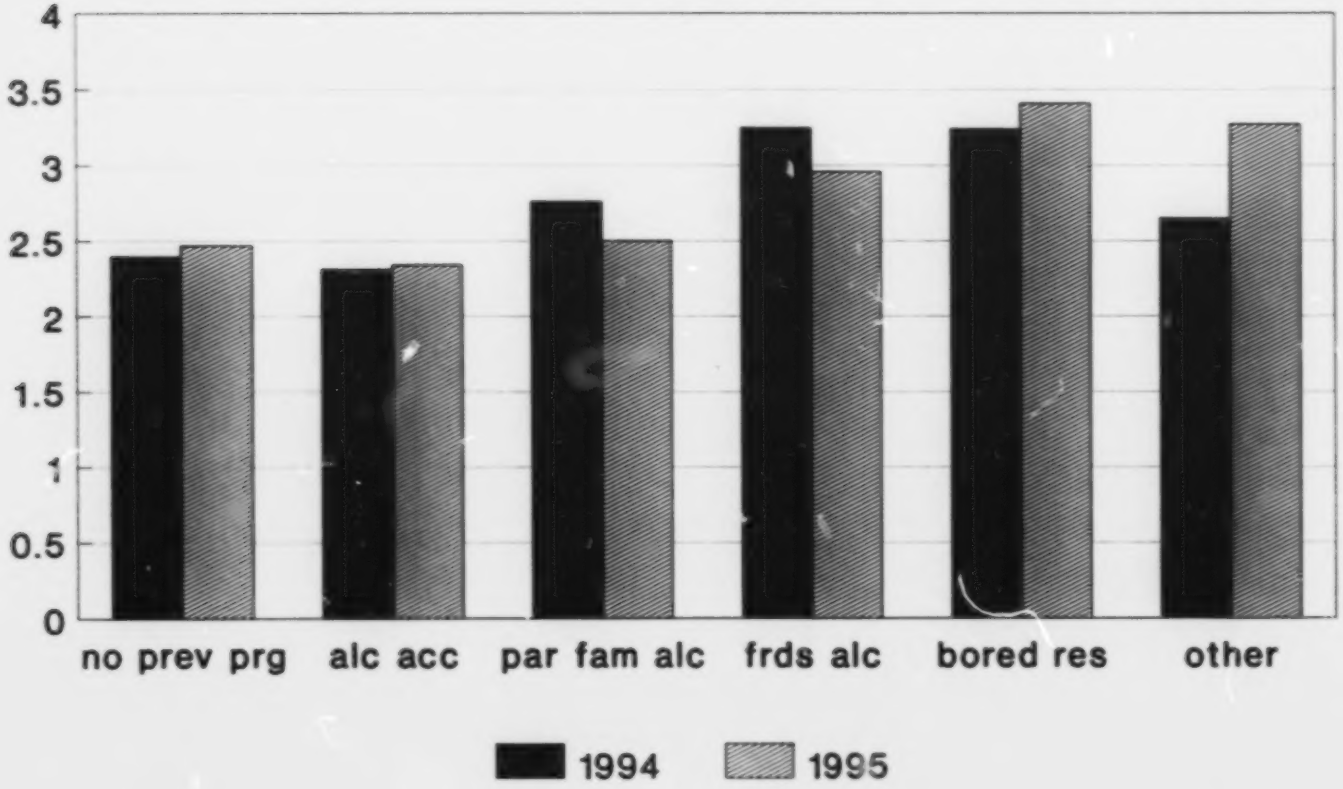

Figure 4.8

Factor analysis results

The hypothesis of distinct factors inhibiting treatment and prevention was somewhat supported. The twelve items produced three orthogonal factors. All but one of the prevention questions had factor loadings above .60 on the first factor, which was labeled **Inhibitors of prevention**. The items 'Not enough prevention programs' and 'Not enough treatment programs' loaded above .60 on the third factor, which was consequently labeled **Lack of programs**. The second factor had four items with factor loadings above .50. These were "Police don't treat alcohol offenses seriously", "Untrained staff", "Staff not sensitive to Native American needs" and "Alcohol is accepted on the reservation". Using Gorsuch's (1983) dual criteria of statistical and conceptual relationship, only the first three items were included in this factor, which was labeled **Staffing Problems.** Internal reliability coefficients were computed for the first two factors. Cronbach's alpha for the Inhibitors of Prevention factor was .73 and for Staffing Problems the coefficient =.72. T-tests comparing youth and adult responses showed no significant difference on either the Inhibitors of Prevention factor (p=.17) nor the Staffing Problems factor (p=.11).

D. Discussion on Factors Inhibiting Prevention and Maintaining Alcoholism

Mean responses for questions related to factors inhibiting treatment were shown in Table 4.5. The results obtained run somewhat contrary to prevailing stereotypes in the substance abuse prevention literature regarding the reservation Zeitgeist. First of all, in 1994, 1995, and 1996 the three reasons given as least important in maintaining alcoholism were "Not enough prevention programs," "Alcohol is accepted on the reservation," and "Programs insensitive to Native American culture." These findings are the same for the youth portion of the respondents in 1994 and 1995. Various authors studying the problem of alcoholism on Native American reservations

have hypothesized social factors, such as prevalence of alcoholism and lack of social stigma, as major factors maintaining alcoholism. However, the number one reason identified by reservation residents (in 1994) as preventing alcoholics from obtaining treatment was a personal one, i.e., a disbelief that he/she could quit drinking (mean 2.8). This response was also the highest rated factor among the youth samples in 1994 and 1995. In psychological terms, this would be considered a personality factor, i.e., external locus of control, or the belief that one's experiences in life are determined by factors outside of the individual's control. The other highest-rated factor was the failure of the police to seriously prosecute alcohol offenses (in 1994 and 1995), i.e., a lack of enforcement of the consequences for individual actions (mean 2.8 and mean 3.0 respectively) and "Untrained staff on the reservation" (mean = 3.0 for 1995). In 1996, the highest rated factor was "friends/family use alcohol" (mean 2.8). This could imply that more needs to be done on the reservation with regard to treatment programs, family and friend treatment groups, self-esteem, locus of control, and other factors to help people gain control over their drinking.

The highest rated factor for inhibiting prevention in 1994, 1995, and 1996 was "nothing else to do on the reservation" (mean = 3.3, mean = 3.2, and mean 3.3 respectively). The second highest ranked factor inhibiting prevention across all three years was "friends use alcohol" (mean 3.3 for 1994, mean 3.2 for 1995, and mean 3.1 for 1996). In 1994, the highest ranked factor inhibiting prevention among the youth was "friends use alcohol" (mean = 3.3) followed by "nothing else to do on the reservation" (mean = 3.2). In 1995, the highest ranked factor among the youth was "nothing else to do on the reservation" (mean 3.4) followed by "friends use alcohol" (mean 3.0). Both the total population and the youth portion of the population express the need for more alcohol/drug free activities/events on the reservation. There may be a need to decrease peer pressure and increase self-esteem with both adults and youths living on the reservation implicated by friends' use of alcohol as inhibiting prevention.

V. TRIBAL COURT STATISTICS

Quarterly arrest statistics were provided for the coalition from October-December of 1992 through January-March of 1995. Unfortunately, these court records have not been available since that time, due to a change in the court reporting system[2]. These data are broken down by type of offense and subtotals provided for criminal, traffic and civil cases. It has thus been possible to track over a two-year period the trends in AOD arrests, total criminal and traffic offenses, and to compare these trends with community activities and functioning of the coalition and partnership program.

Figure 5.1 shows traffic alcohol/drug offenses (driving under the influence and open container in the vehicle) by quarter. It can be seen that there was an upward trend from October-December 1992 through October-December 1993, with a declining trend (with the exception of one quarter) over the five previous quarters. Trend lines are shown in Figure 5.2.

[2] Due to the efforts of the coalition and the Family Health Network, court records are now in the process of being automated to track repeat offenders and identify first offenders for intervention programs. Consequently, there is a large backlog of data to be entered into the newly designed system.

Traffic AOD Offenses
By Quarter

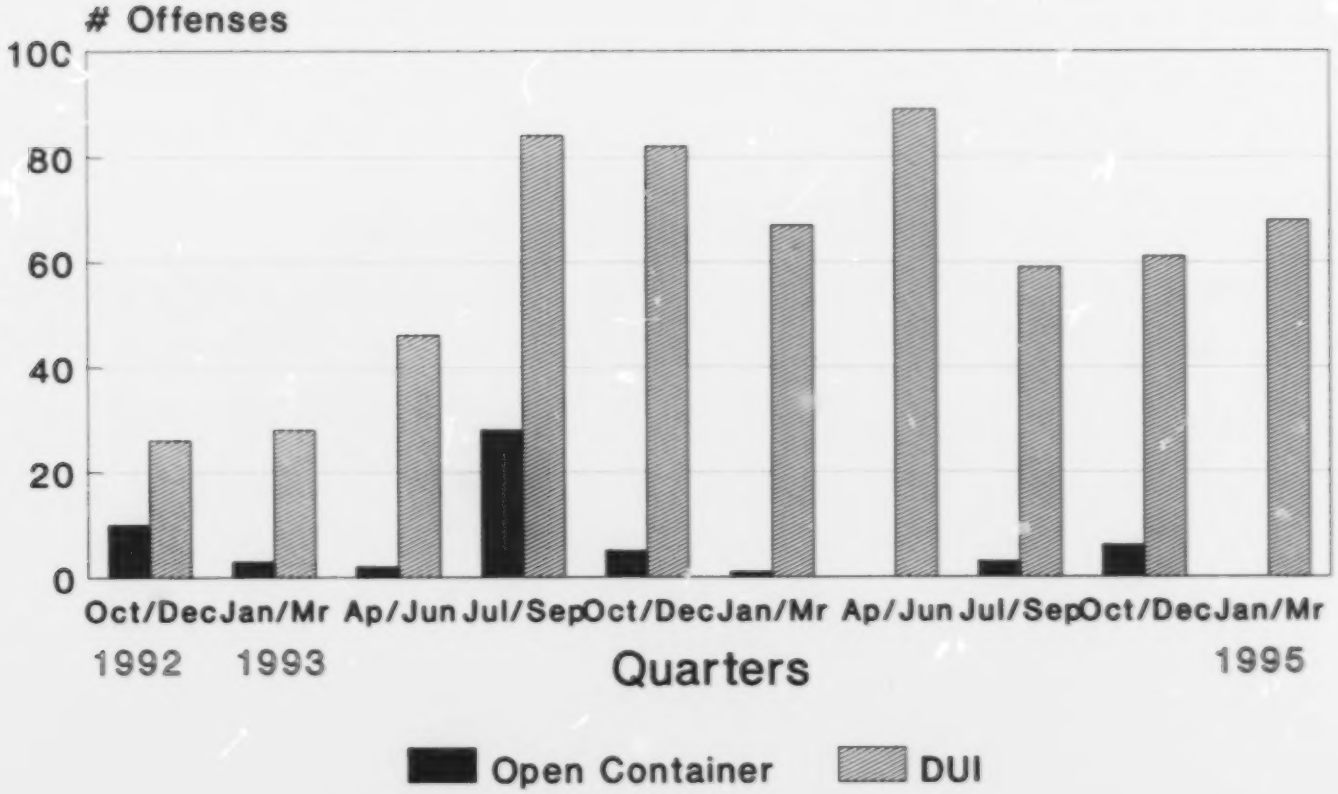

Figure 5.1

Traffic AOD Offenses
By Quarter

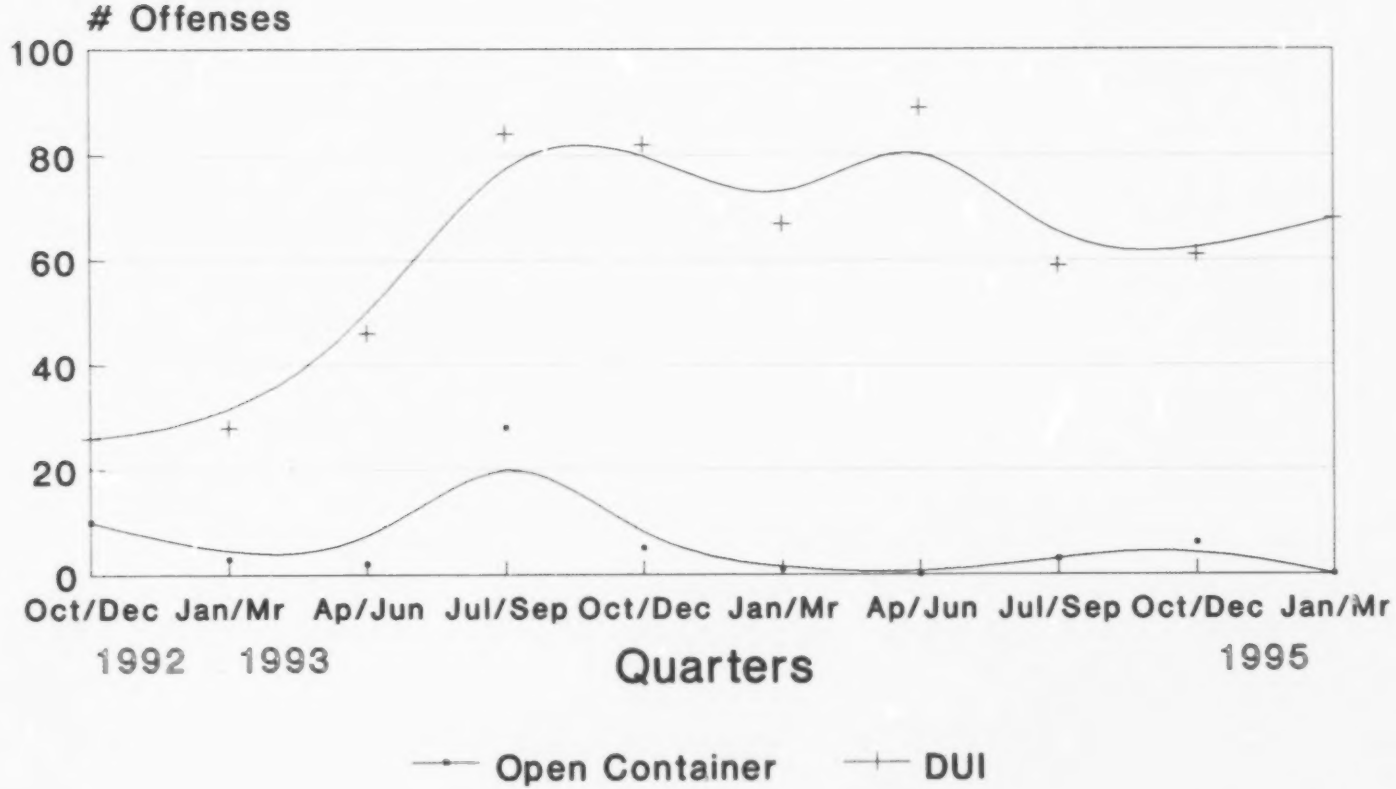

Figure 5.2

Criminal AOD offenses (public intoxication and liquor violation--possession of alcohol on the reservation is a violation of tribal law) are shown by quarter for the same period, in Figure 5.3. Again, a clear increasing trend can be detected to July-September 1993, and then a clear decreasing trend from late 1993 through 1994. The sole exception to this trend is an increase in liquor violations for the first quarter of 1995. Again, the trend charted in Figure 5.4 supports the impression of a reversal of an overall increasing trend which has been observed in 1992-93 and that reversal was maintained over several quarters.

Total criminal and traffic offenses were also charted for three reasons. First, the number of AOD offenses each quarter is relatively small, making even slight declines or increases in absolute numbers appear significant. Second, combining offenses will increase the reliability of the statistics obtained, based on the assumption that random errors will have a mean of zero. Third, there is substantial evidence to support the presumption that nearly all crimes on the reservation are in some way alcohol related. Total traffic offenses, criminal offenses, and all criminal and traffic offenses combined are shown in Figures 5.5, 5.6, 5.7, respectively. Figure 5.8 shows a combined trend. The same curvilinear pattern is even more distinct in these charts.

During these later periods the partnership had been heavily involved in community activities. Although the data is correlational, and hence cannot be used for evidence of causation, a relationship may be perceived.

Criminal AOD Offenses
By Quarter

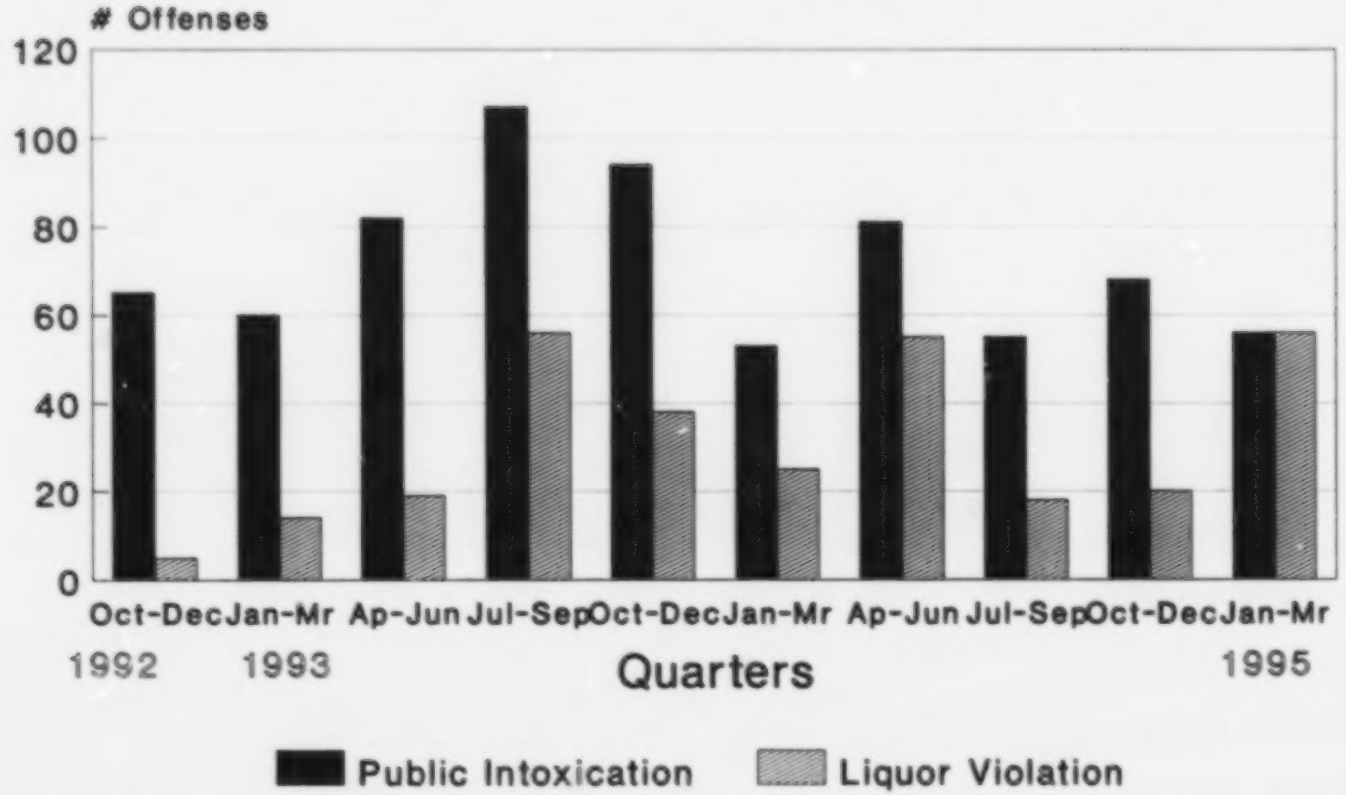

Figure 5.3

Criminal AOD Offenses
By Quarter

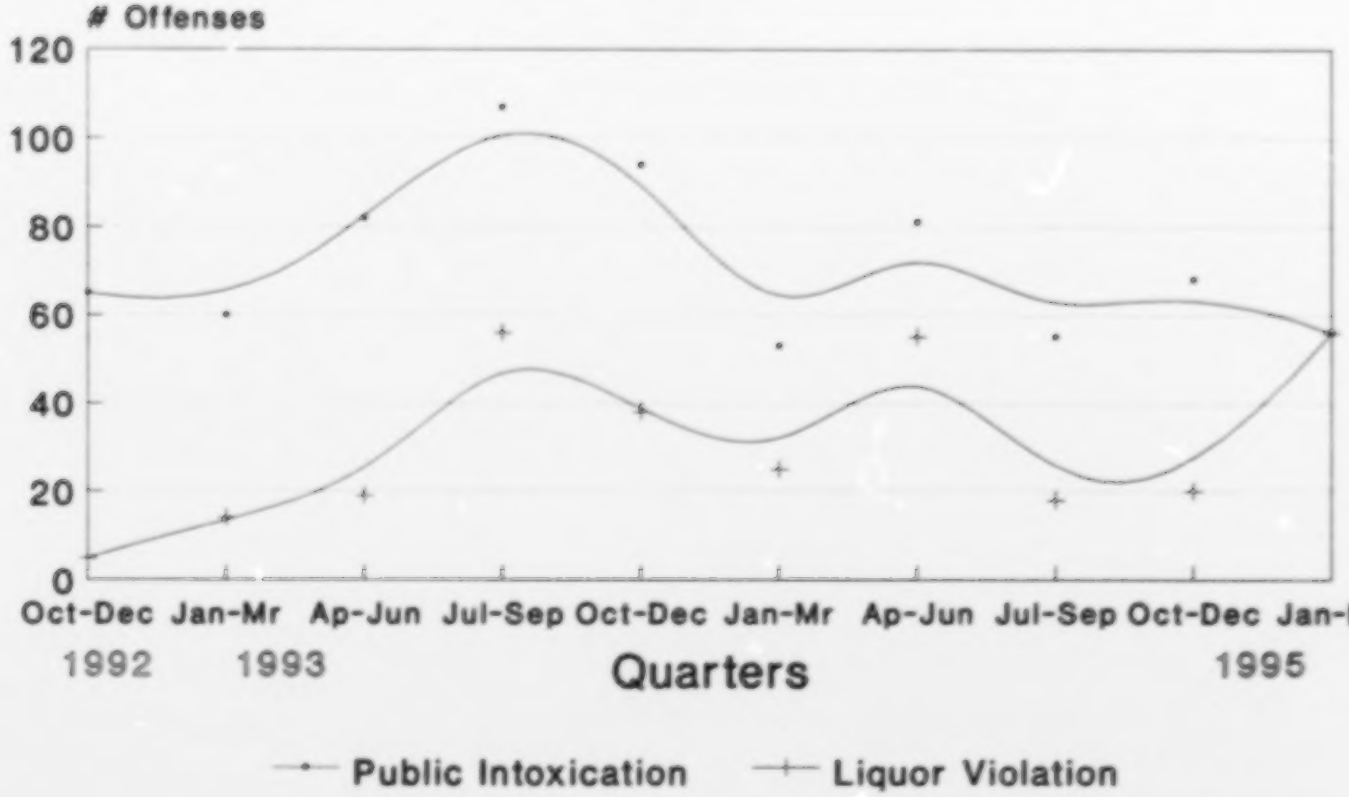

Figure 5.4

TOTAL TRAFFIC OFFENSES

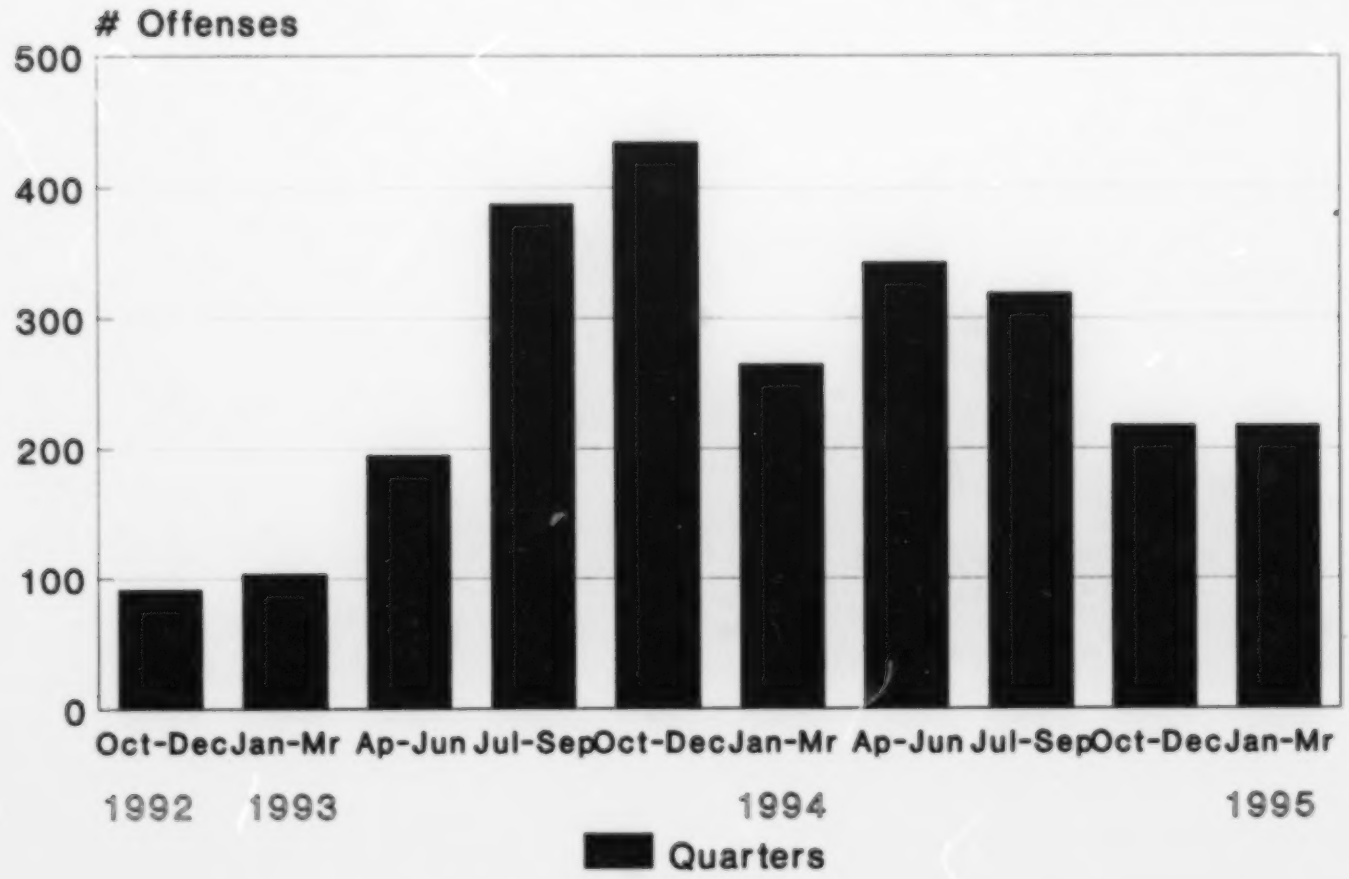

Figure 5.5

TOTAL CRIMINAL OFFENSES

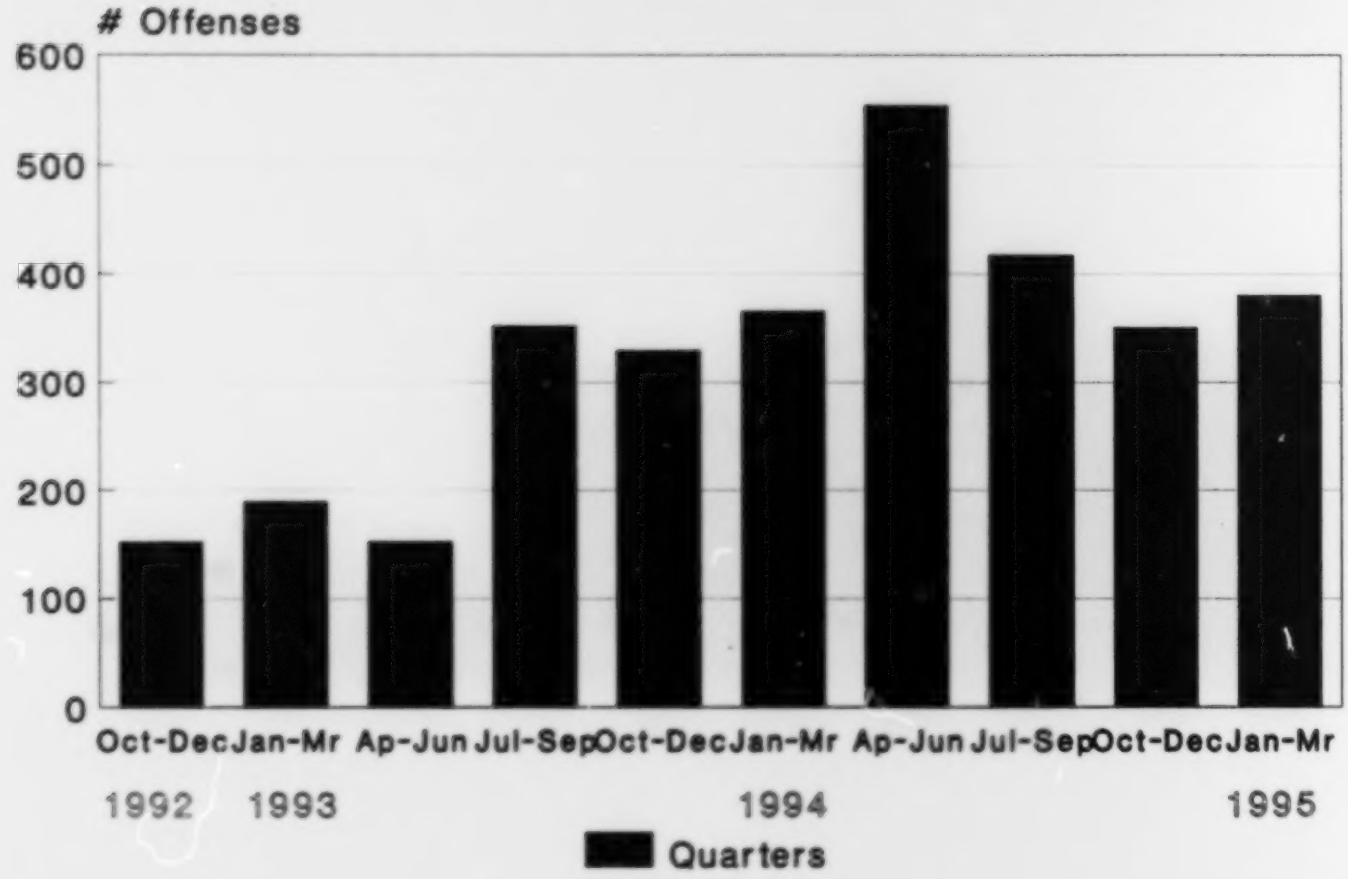

Figure 5.6

Total Criminal & Traffic Offenses

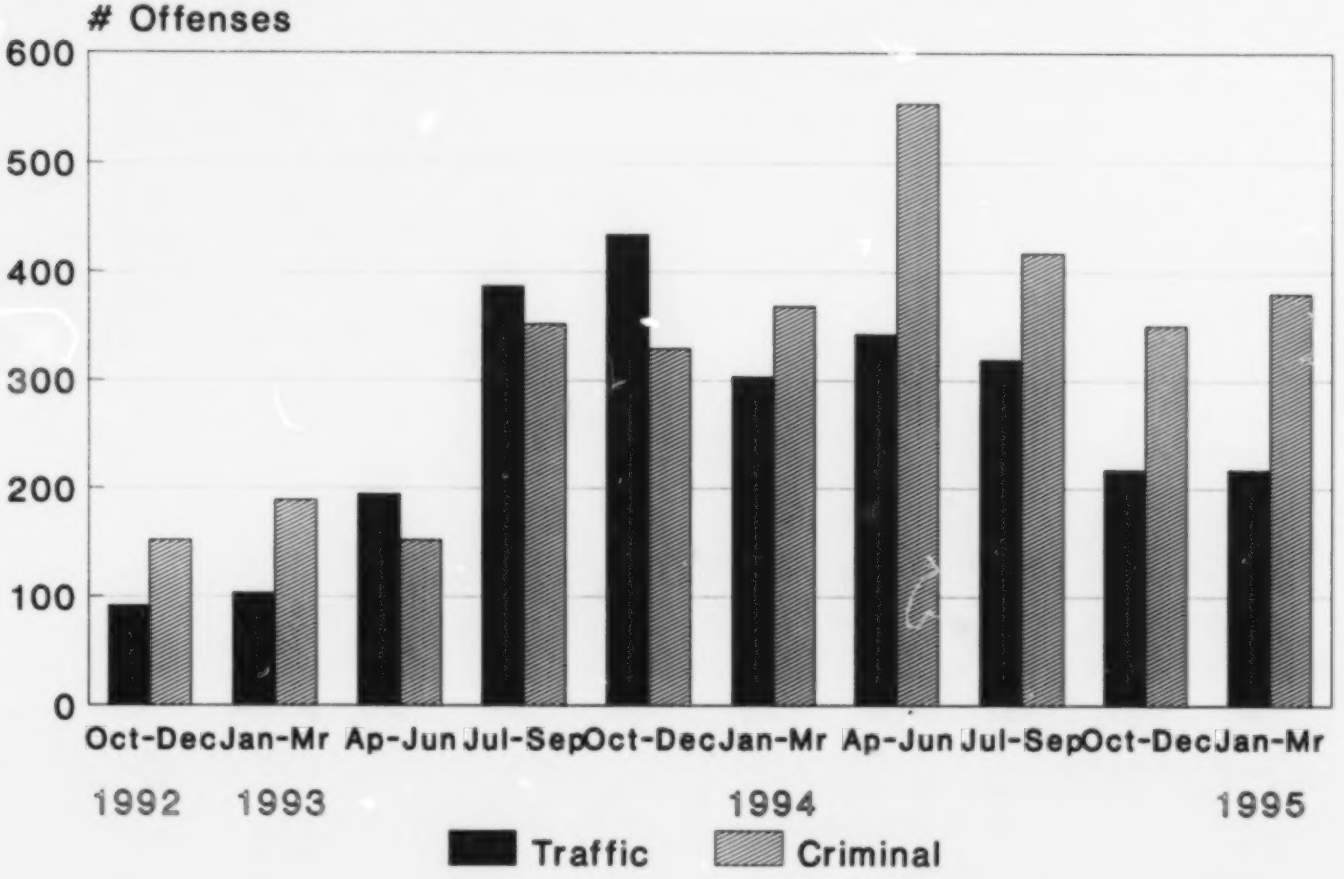

Figure 5.7

Includes ALL types of offenses

Total Criminal & Traffic Offenses

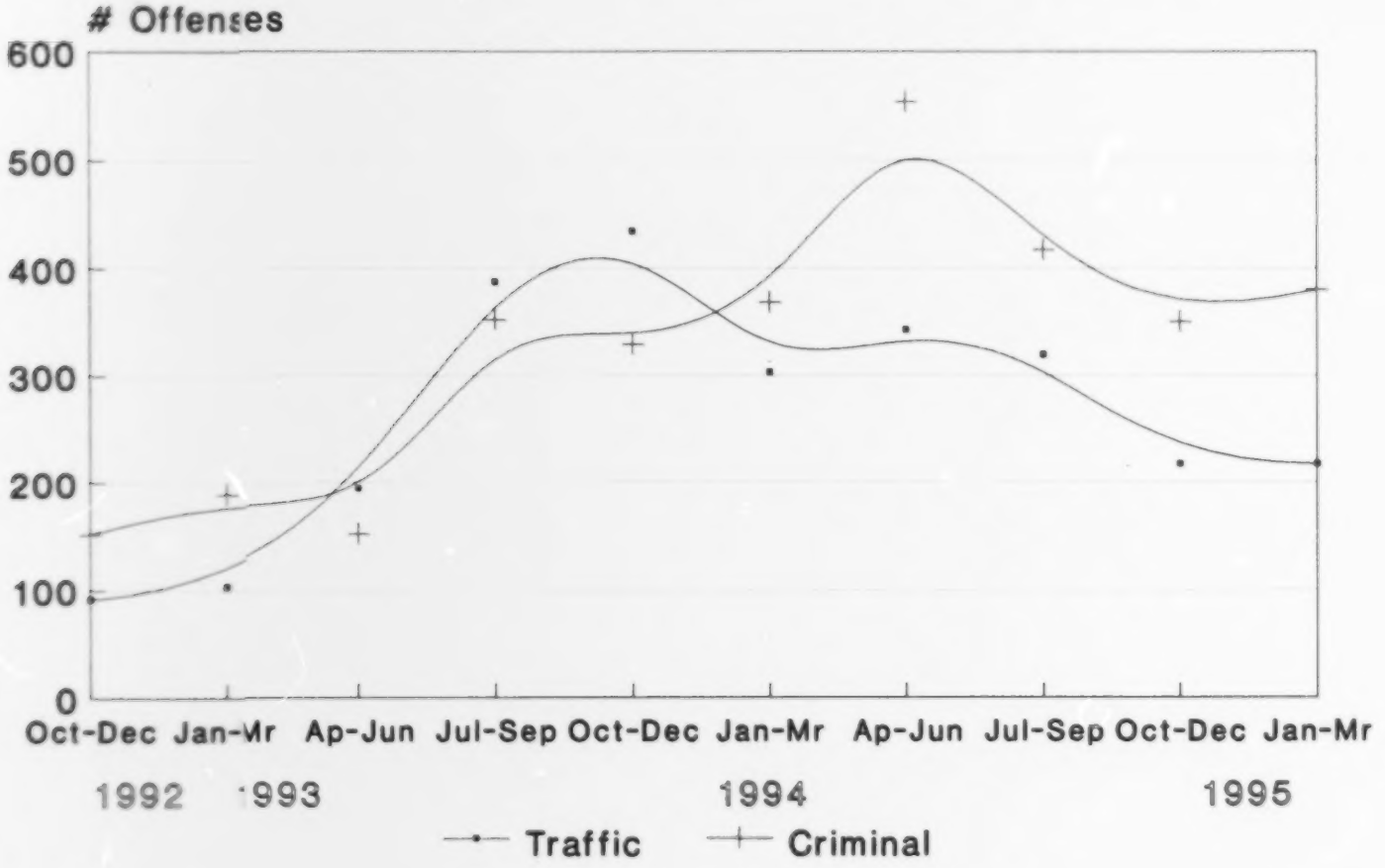

Figure 5.8

Includes ALL types of offenses

VI. Qualitative Data Collection & Analysis

During the 1993-94 grant year the evaluator attended fourteen coalition meetings, four workshops, a coalition retreat, two training sessions, six evaluation committee meetings and interviewed six coalition board members. All Okiyapi staff members were also interviewed. All interviews were at least one hour in duration. Total observation and interviews was in excess of 65 hours. Also, over 250 pages of documents were reviewed. The documents included two semi-annual reports, the original grant proposal, all monthly newsletters, minutes of coalition meetings, articles in the local newspaper, handouts and other partnership products and project correspondence. Several conclusions were made based on these data, and are presented below. In addition, an evaluation of implementation (process) of the coalition was conducted via extensive interviews with 13 coalition members. This study is reviewed in the subsequent section H.

A. General Observations

First, qualitative data are congruent with the quantitative analyses in supporting an impressive degree of interagency coordination. For example, a major concern of the coalition is alcohol/drug awareness among youth. Attracting young people to attend such activities is a significant obstacle. Two organizations which were immensely helpful during the summer were Talent Search and the Youth Work Program. Participants were required to attend certain Okiyapi-sponsored activities, such as the Gang Prevention Workshop, and to reinforce attendance paychecks were distributed following the session. The resulting high attendance of youth

at these activities could never have been attained without the assistance of these other programs.

Monthly networking meetings (described in the October, 1994 newsletter and participation documented via staff daily activity reports) are attended by staff members from

Okiyapi, Dakota Wounspe, Family Circle Tipi, Youth Alcohol and Drug Prevention Programs and the Veterans Association.

AmeriCorp workers have been assisting the project since July, 1994. They have entered data, written articles for the newsletter, collected needs assessment surveys and aided staff in planning and carrying out Red Ribbon Week and other community activities.

B. Project Activities

Activities of the project were clearly under-reported on the Daily Activity Report forms. Several activities not included on the activity report forms but observed by the evaluator and/or described in documents were reviewed. These include a Back to School Fling, Family Night Talent Show, Sacred Hoop Run/Ride, Volleyball Tournament, Elderly Breakfast, Sobriety Dance (October 25, 1994), Pow-wow Masquerade (October 30, 31, 1994), Basketball Tournament, and Veterans Day Pow-Wow (November 11, 1994).

C. Administration

With experience on the project and a changeover of the Project/Program Director position, there had been substantial time devoted in 1995 to administrative areas which had been neglected during previous grant years, such as timely written progress reports, documentation of staff activities, etc. Administrative tasks include: two semi-annual reports, each completed within sixty days of the end of the reporting period, written response to on-site findings, revised logic model, budget monitoring and revision, request for carryover funds, written GOAMs (Goals, Objectives, Activities, and Measurement) and daily staff activity reports.

D. Coalition activities

Less than 10% of Daily Activity Report forms were received from coalition members. Other coalition activities under- or unreported included meetings of the personnel committee (not reported) for selection of a prevention specialist, three evaluation committee meetings and a full-day coalition retreat based on community empowerment--three coalition board members, the project director and evaluator attended this retreat.

E. Resource Directory

Okiyapi had prepared a resource directory which listed twenty-nine organizations which could benefit prevention efforts targeted at the Spirit Lake Sioux Reservation. For twenty-one of these organizations an information sheet was provided to assist in making referrals. The referral sheet included such data as contact person, hours of operation, target age group, service area, and types of services available.

F. Publicity

In the analysis of the 1993 Community Needs Assessment, lack of awareness of Okiyapi and other prevention programs was identified as a significant obstacle to community impact. Okiyapi has directed major efforts toward increasing community awareness. The 1994 Community Needs Assessment supported the effectiveness of these efforts. Some of the changes have included a monthly newsletter (discussed further below), fliers, newspaper articles and other advertisement. In addition, Okiyapi has made it a policy this year to be listed as a co-sponsor on all activities which it supports. In a previous evaluation report (Rousey, 1994) it was noted that the project was not even mentioned in the publicity materials for many of the workshops or other community events which it helped to plan and carry out.

G. Newsletter

Okiyapi began producing a monthly newsletter in May, 1994. Each monthly issue included a list of Okiyapi staff and coalition members. Positive features of the newsletter were articles written by both Okiyapi staff and coalition members. Articles have been submitted by the presidents of both major tribal industries (June, 1994). The newsletters also included reports on local alcohol/drug-free community events, such as sobriety pow-wows, bike rodeo, etc. Each edition also included articles of cultural interests, such as Hoop Dancing, the Indian Child Welfare Act, etc. Positions open at coalition agencies, announcements of upcoming alcohol/drug education activities and alcohol/drug free events were advertised, and a community calendar was published. The newsletter also included information on alcohol and other drugs presented in a variety of formats. These range from an article on marijuana followed by a crossword puzzle using information from the article, to a self-test for alcoholism, to full-page advertising against the use of alcohol, chewing tobacco, etc. This newsletter has also functioned de facto as a reservation newspaper since the closure of the one newspaper which had served the reservation. Tribal council minutes, notices of activities at the community college and other general interest information are included in an attempt to maximize readership and service to the reservation. The newsletter is mailed to all households on the reservation.

Twenty-six of the monthly newsletters were received by the evaluator. These averaged 22 pages in length. None of the time spent preparing, copying, or distributing the newsletter was documented in the Daily Activity Reports.

H. Spirit Lake Sioux Community Partnership Implementation Study

The purpose of the Spirit Lake Sioux Community Partnership Implementation Study was to provide qualitative data from the perspective of key informants regarding the activities of the coalition over 1995. Thirteen individuals were interviewed who had been listed as coalition members between 1993 and 1996. A semi-structured interview was performed using two questionnaires developed for the Center for Substance Abuse Prevention national evaluation. Each interview took approximately one to two and a half hours. Thirteen coalition members completed the entire interview, while, due to time constraints, only eleven completed the first questionnaire. A maximum variation sampling method was used to maximize the variance in length of membership, degree of participation, age group served, and type of agency.

The mean length of time as a participant in the coalition was 3.03 years. The modal, and also maximum, length of time members reported being involved with the coalition was five years, i.e., since the beginning of the partnership. One individual stated that he had "never" been involved with coalition programs, although listed as a member. The average length of time the participants have been involved in the prevention of abuse of alcohol, tobacco, and other drugs was 15.84 years. The average length of time per month an individual spent on activities by the coalition in 1995 was 6.04 hours, with a range from zero to twenty hours per month. Respondents were first asked whether they felt most comfortable discussing a particular area of the community (e.g., one of the four reservation districts) or the whole community. The majority of those questioned directed their answers toward the whole community.

Historical and recent problems with ATOD

Comments showed that financial problems, smoking, increased abuse, increased murders, and gambling were all recent problems with alcohol, tobacco, and other drugs. There were numerous responses stating how the drug problem, particularly alcohol, was getting worse.

Alcohol was the most abused drug during 1995 according to all 11 participants in the

survey. Marijuana was the second most abused drug. The question regarding history of alcohol, tobacco, and other drug use in the community elicited many relevant responses. One participant stated that the reservation is supposed to be a dry reservation, yet a huge alcohol/drug problem exists because of a lack of enforcement. The majority of the other participants stated that alcohol has always been a problem and something desperately needs to be done because it is getting worse. The community reacted to these problems in 1995 by becoming more aware of the effects of alcohol but seems to be in a "state of denial." "More people are becoming involved and abuse is not as accepted as it used to be" was one response. "Everyone wants something done but only a select few help or does anything about it" was another response by a participant. The community has become more aware of the problem with drugs, alcohol, and tobacco during the past year. However, more needs to be done.

The community has made a distinction between the problem of alcohol and the problem of drugs according to the participants in the Implementation study. All drugs have been emphasized with the major emphasis on alcohol.

Coalition impact

The majority of the responses in the survey stated that the coalition has not made a distinction between the problem of alcohol and other drugs in that both are viewed as a type of substance abuse. However, alcohol has been the main emphasis of the coalition due to the greater prevalence of alcohol abuse relative to other drugs.

The funds from CSAP have been used to combat/counteract these problems by being used for prevention and intervention for both youths and adults while emphasizing culture. One participant said it is a "really good program, they serve all." Another said that

"one of the biggest things, for youth, is help by cultural activities, cultural camps, trying to teach storytelling, songs, dance. Old ways have nothing to do with drugs and alcohol. Teaching the youth self-respect and how important they are. The Okiyapi program has

always helped when there was any need for the youth".

All of the respondents agreed that Okiyapi had been successful in increasing the efforts in the community to prevent drug and alcohol abuse. Efforts made in the community in relation to the prevention of alcohol, tobacco, and other drugs (ATOD) in 1995 included more people in the community willing to talk about it and ask more questions. More community programs have been established. More information about prevention and abuse is reaching the community. Transportation is always provided for the activities on prevention and abuse, making sure individuals are aware that the programs are there for them and that they can make it to these programs. One respondent volunteered that this program has been successful because the "staff has respect for the people" of the community.

There have been some social, political, and economic changes in the past two or three years which have had an influence on the problems of ATOD and the prevention efforts made. Some individuals stressed that a decline in the Indian Health Service, funding problems, and political games have all had an impact on the program for the worse. Some measures have been taken to reduce these problems. However, it was also stressed that more needs to be done about these problems so the coalition can have its full focus on prevention and intervention of ATOD. The majority of the responses stated that during the past year the coalition has not changed from its original purpose. However, two people stated that leaving the concept of training counselors has changed the focus of the coalition.

The recommendations given in relation to the coalition included: more information to parents should be given, more emphasis on community awareness, more referral sources should be created, more services to residents are needed, more concentration on families and youth by the coalition, and ethics should be used to deal with all problems.

Coalition functioning

For changes in the coalition over the past year, one respondent believed that there had

been more power struggles and politics had become more involved in the coalition. Two other respondents believed that the coalition had increased the degree of grass roots involvement. The majority (six of eleven) perceived no change in the coalition functioning.

No agency or group has refused to participate in the coalition during the last year. The obstacles encountered in the functioning of the coalition in the last year included many "personality clashes" and "internal fighting." Positive factors that have emerged in the past year were "more unity in working together" and "continued to do the work that they were brought together to do."

There is no formal process in becoming a member of the coalition, according to ten of the eleven respondents.[3] It was unanimously agreed that the coalition functions in a democratic manner, i.e., the coalition decides what to do by the director and by the majority of those voting. The process for making decisions follows the instructions in "Robert's Rule of Order."

Various aspects of the meetings were rated on a scale: from 1 = inadequate to 5 = very adequate. A mean of 4 was given to how productive and well-organized the meetings were. A mean of 4.05 was given in response to what extent the meetings were collaborative. A mean of 1.89 was given to what extent have the meetings been characterized by conflict. A mean of 3 was given to the question of to what extent has the content and style of the meetings changed over time. Some members replied that the coalition is productive overall. However, there is a need for more preparation and to have materials read before the meetings.

The most important contributions that the coalition has made during the past year were "accepting that alcohol is a killer," "helped agencies to begin to work together," "getting awareness out there," and "educating the community on alcohol and drugs." The most important contribution during the next five years will be "implementation on prevention and early

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In fact, there is no formal process for becoming a member.

intervention and family support system," "provide ATOD prevention in the community" and having "siblings, families, and individuals to live more up to their potential, and less bias."

SECOND SURVEY: EVALUATION OF COALITION

The Spirit Lake Sioux Community Partnership (Okiyapi) Evaluation of the Coalition was the second half of the questionnaire used by informants. This questionnaire assessed the different relationships among the coalition members during the past three years. There were four parts: 1) relations among coalition members, 2) impact of the coalition-- which refers to one's impression of the effects of the coalition in various areas, 3) perception of the participation in the coalition, 4) beliefs about the consumption of alcohol and other drugs and the prevention activities that were done by the coalition.

Relations Among Coalition Members

Seven of the thirteen respondents could not identify specific individuals who were crucial to the success of the coalition. Two of these emphasized that "everyone was important" or "everybody that attended was interested."

All thirteen respondents considered various factors responsible for alcohol abuse. Five of the thirteen felt it was due to "growing up in a family with it easily available," "cultural," "generation cycle," "biological factors," or because of a "predisposition" towards alcohol abuse. Four of the thirteen said that the abuse problem was due to "low self-esteem." Two respondents stated that it was due to "peer pressure" and "lack of education." Other replies included that there is "nothing else to do," abusers are not aware of "the consequences from the beginning," "lack of parental guidance," and that the "laws are not enforced."

In discussing means of preventing alcohol abuse, the respondents emphasized the importance of culture, community, and most especially, family, in providing positive role models and early intervention before full-blown alcoholism occurs. The lack of alcohol-free activities for

youth and the general community also cited repeatedly as a contributor to the alcoholism problem.

Eight of the twelve informants indicated that "education" or "prevention education" are the best ways to prevent alcoholism. One respondent who stated that more preventive education is needed also said that the community needs included:

"More preventative education, more awareness training, more information on physical, mental, spiritual effects, Just Say No, find out 'why' they use alcohol, need more culturally relevant materials."

Eight of the twelve informants stressed the need for "providing alternative activities" or "experiences in enjoyment without alcohol." Three respondents claimed that "higher parent education" or a "support service for family at risk" is needed. Responses concerning the family included "restore concept of the family," a return to "ethics," and a "good role model by parents--develop sense of right and wrong in child" are needed. Three said that a "system of early intervention and treatment" or "counseling" would be an effective method for reducing alcohol abuse. Two informants also said that an increase in "self-esteem" is needed. Another suggestion was that "as soon as someone is aware of a person drinking they should be put in a program, halfway house, outpatient, or inpatient service."

Two of the twelve respondents stated that the cause of a drug abuse problem was that there is "nothing else to do." Some other responses included "no hope," "lack of opportunities," "economic difficulties" and the "environment." Three people claimed that "no penalty enforcement" or "lack of enforcement" from the law were all causes of the drug problem. Other answers included "low self-esteem," "lack of values," "peer pressure," and "lack of parental supervision."

According to five of the informants the best way to prevent drug abuse is "more education." Some of the other methods included providing more opportunities in recreational activities and in jobs, more treatment programs, more community awareness, and more family

support. "Caring" and "reaching out" should also be emphasized. Okiyapi has been engaging in preventive and educational activities over the past few years, and this was noted by the respondents.

Table 6.1 shows the most important activities, in alphabetical order, according to seven respondents. All respondents listed the first and second activity that they could think of. The first column lists the activities, the second column states one of the reasons why the coalition chose that activity, and the last column specifies whether or not the activity was directed at a specific group. Three of the respondents chose Family Circle Groups as an activity. All other activities only had one respondent.

Four respondents responded to the question whether activities reached the youth that were "at-risk." All four respondents reported that the activities did reach the youth that were "at-risk." Outside of the coalition there were community members who had initiated or assisted with these activities. Two out of six respondents said that "weather" was the biggest obstacle encountered in the implementation of these activities. One respondent mentioned that transportation for the elderly was a problem--"if transportation were available, they would have come." The other four respondents said that there were no obstacles.

Table 6.1

Important Activities

Activity	Reason chosen	Directed at Spec.Groups
Activities with the elderly	"to have something to do with the elderly"	YES
Activities with the family	"Bingo Kids can't go, family things kids can go to"	NO
Coordination Between agencies	"because there would not be any progress without working together and cut down on doing things twice"	NO
Family Circle Groups	"had to help the communities" and "one of their objectives"	No
Networking-community fun day	"Promoted community togetherness	FAMILIES
Open House (during Red Ribbon Week)	"as part of Red Ribbon Week"	NO
Parental Involvement	"Parents have the greatest influence. More work with parents better results"	YES
Parties Provided	"bring youth together and let them know you can have fun"	YES
Prevention	"Most important need that the coalition has to deal with"	NO
Social activities for kids and families	"Wanted whole family involved and by doing that got the whole community involved"	NO

A scale of 1 (not at all) to 5 (completely) was used to indicate to what extent these activities reached the majority of the people in the focus group. A mean of 4.2 is reported. Three of the comments stated that the groups were reached "because of location and transportation available." However, one person also stated that "transportation is not available for the elderly." One respondent stated that the majority of the people in the focus group were "completely" reached.

Figure 6.1 shows the quality of the coordination of activities among organizations in 1995. Thirteen respondents were asked to choose one of the following five answers: very bad, bad,

moderate, good, and very good. These were then ranked on a 1-5 scale. A mean of 3.92 with a standard deviation of 1.53 wasrecorded. Overall 58.3% of the respondents felt that the quality of the coordination of activities was good.

Respondents were asked "to what extent has contact with members helped or improved one's ability to accomplish one's organization or agency's goals." The responses "not at all," "somewhat," "moderately," "much," or "extremely" were ranked on a 1-5 scale. A mean of 3.31 was reported. Figure 6.2 shows the percentages of each response. It can be seen that exactly 50% of respondents said coaliton contacts improved their ability to reach their goals "much" or "extremely."

Quality of Coordination of Activities 1995

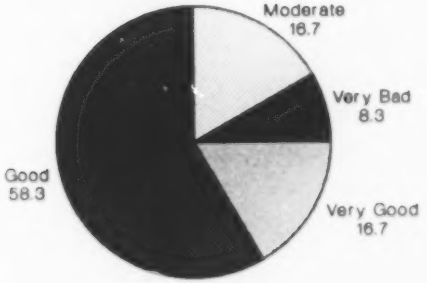

Figure 6.1

Contact w/Members Accomplish Organization's Goals, 1995

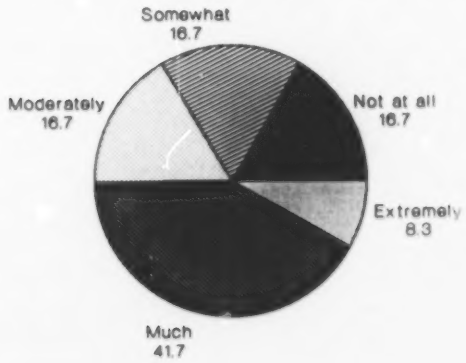

Figure 6.2

Numbers are percentages

Twelve participants responded to the question about keeping one informed about limitations or obstacles the coalition had faced in 1995. They were asked to choose from one of five responses: very little, a little, some, much, and very much. The answers were then ranked on a 1-5 scale. The mean was 3.00 with a reported standard deviation of 1.75. Figure 6.3 shows the results in percentages of each response. One area of concern was that one third of the respondents felt that the coalition has kept them informed "very little."

Figure 6.4 asked the respondents the "degree their coalition has influenced the amount of cooperation between the organizations involved." Individuals were to choose one of the following responses: very little, a little, some, much, very much. Answers were ranked on a 1-5 scale. The responses produced a mean of 3.92 with a standard deviation of 1.21. Twenty-five percent of the remaining twelve respondents stated that their coalition has "very much" influenced the amount of cooperation between the organizations involved.

Impact Coalition has had on Keeping One Informed During 1995

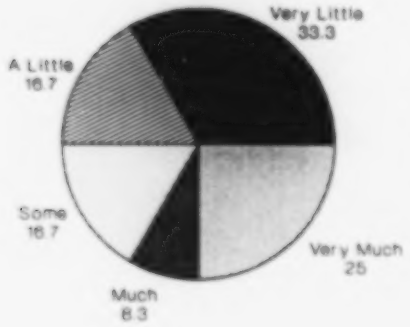

Figure 6.3

Impact Coalition has had on Cooperation During 1995

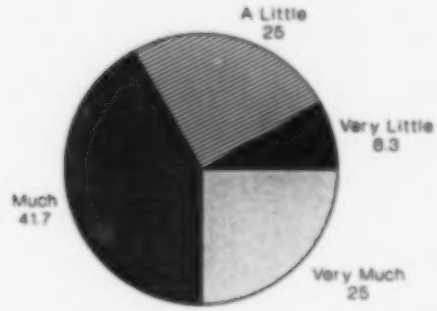

Figure 6.4

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Numbers are percentages

Thirteen respondents were asked how they would characterize the level of conflict that existed between their organization and other members of the coalition at the time when the funds of the CSAP were given. They were asked to choose one of five responses: "not applicable--I wasn't in the coalition," "there were not any conflicts," "there were a lot of conflicts occasionally," "there were a lot of conflicts frequently," "there were major conflicts occasionally," and "there were major conflicts frequently." Of the thirteen respondents four stated that the question was not applicable to them, and one did not respond. Figure 6.5 shows the percentages of the remaining seven. It is noted that the number of respondents that feel that there were conflicts and those that felt there were no conflicts is roughly equal.

Figure 6.6 shows the percentages of how likely it would be for one to continue to work with these people if the coalition ceased to exist. The respondents were asked to choose one of five answers: not at all likely, not very likely, maybe--maybe not, somewhat likely, and very likely. The answers were ranked and a mean of 3.69 with a standard deviation of 1.63 was reported for all thirteen respondents with 41.7% of the respondents saying it was "very likely."

Thirteen people responded to the following statement: "Compared to other groups I know, this coalition is less effective than the majority of those." The respondents were asked to choose one of five responses: strongly disagree, disagree, no opinion, agree, and strongly agree. The answers were then ranked on a scale from 1-5 and a mean of 2.46 was reported with a standard deviation of 1.39. Figure 6.7 shows a bar graph of the responses. Five (38.5%) of the thirteen stated that they strongly disagreed with the above statement.

Level of Conflict Between Members 1995

Figure 6.5

Probability of Working With Others Again Evaluation Among Coalition Members 1995

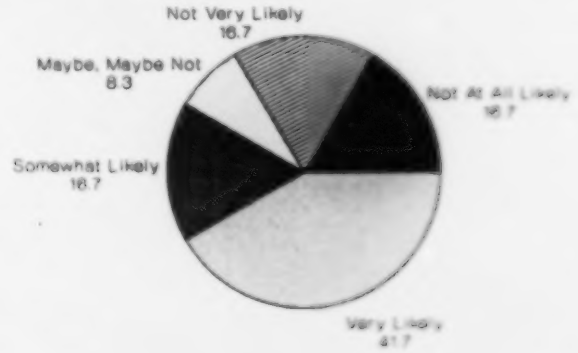


Figure 6.6

Numbers are percentages

This Coalition is Less Effective Than Other Groups, 1995

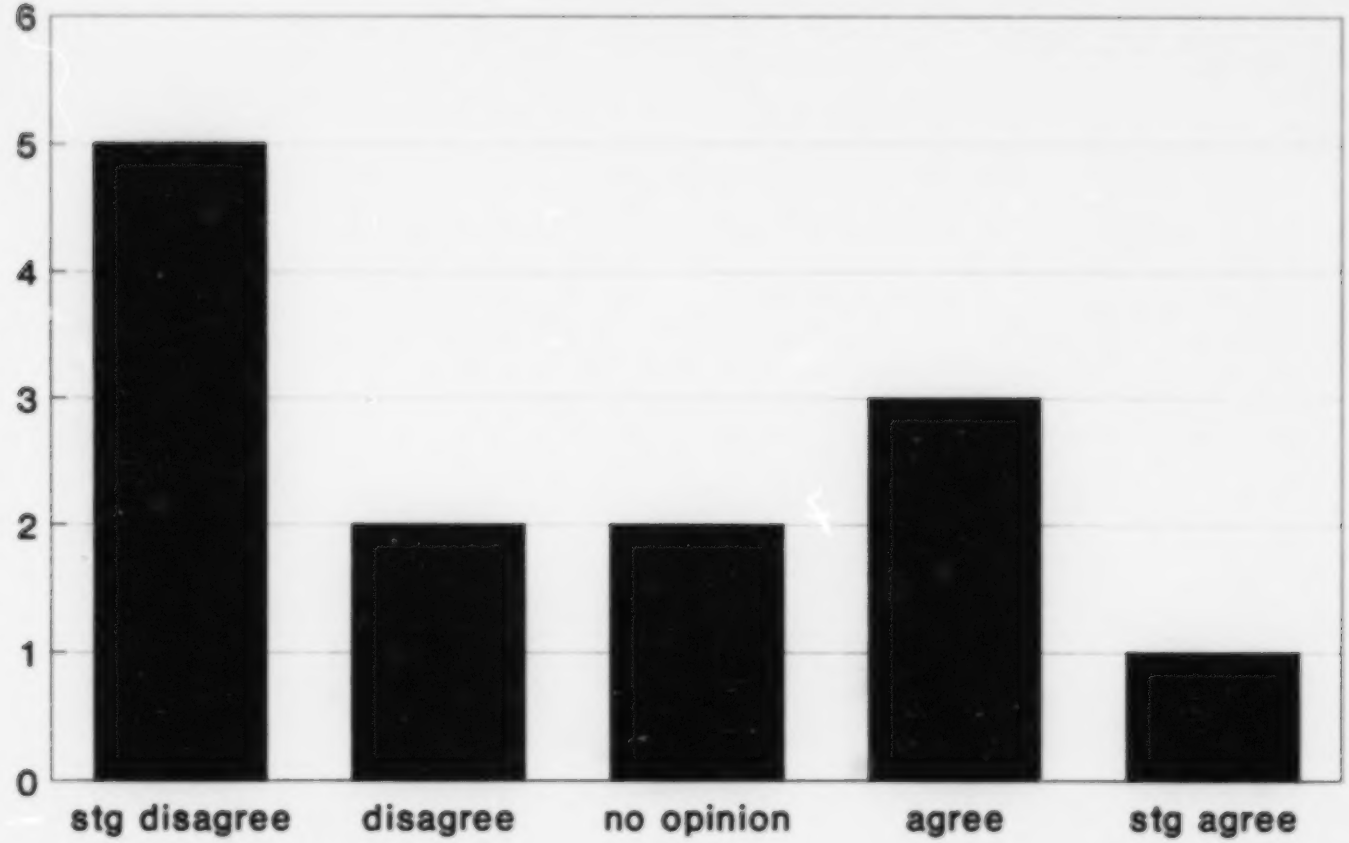


Figure 6.7

Figure 6.8 shows the perceptions of coalition programs in five different areas. All choices were rated on a scale of 1 to 5.

Bar A: Should prevention programs of the coalition be orientated towards abuse of alcohol or towards the abuse of illegal drugs. Thirteen respondents were asked to choose one of the following: "alcohol much more than illegal drugs," "a little more toward alcohol than illegal drugs," "about the same toward alcohol and illegal drugs," "a little more toward illegal drugs than alcohol," or "illegal drugs much more than alcohol." A mean of 2.07 with a standard deviation of .912 was reported. Figure 6.8a shows that 46.2% stated that the prevention programs orientation should be about the same toward alcohol and illegal drugs.

Bar B: Should coalition programs be directed toward specific groups or toward the community. Thirteen respondents were asked to choose one of the following five answers: "much more toward specific groups than the community in general," "a little more toward specific groups than the community in general," "equally toward specific groups and the general community," "a little more toward the community than specific groups," or "much more toward the community in general than specific groups." A mean of 3.15 was reported. Figure 6.8b shows that 38.5% stated that the coalition should be much more toward the community in general than specific groups.

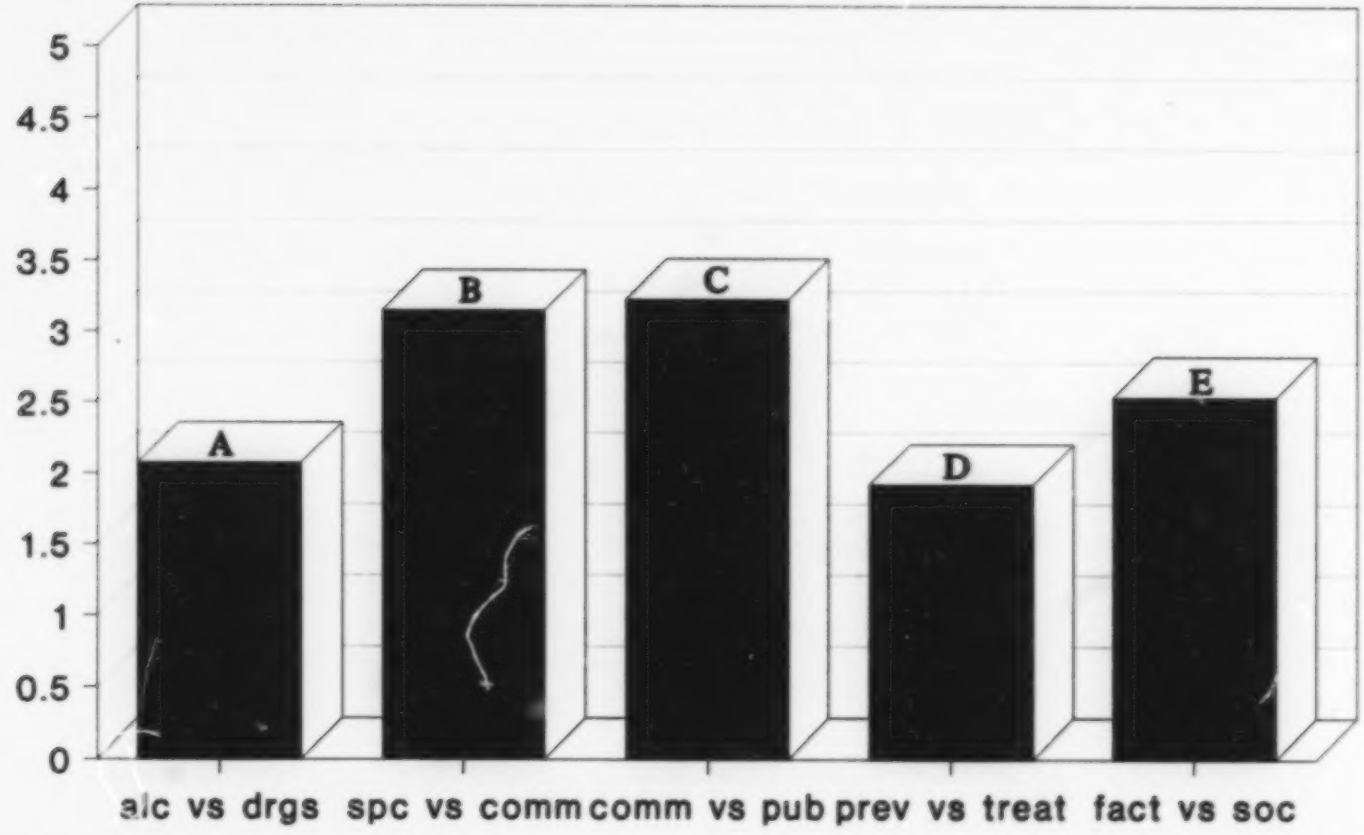
Bar C: Should the program be focused at an individual level or at the community level. The thirteen respondents were asked to choose one of the following: "much more at the individual level than general community," "a little more at the individual level than the community," "about equally at the individual and general community level," "a little more toward the community than toward the individual," or "much more toward the community than the individual level." Figure 6.8 shows a mean of 3.23 under the bar labeled C. Figure 6.8c shows that 61.5% said that the program should be focused equally at the individual level and at the

community level.

Bar D: Should drug or alcohol programs emphasize prevention or treatment. Respondents were asked to choose which type of drug and alcohol programs should emphasize: 1) prevention much more than treatment, 2) a little more emphasis on prevention than treatment, 3) emphasize treatment and prevention equally, 4) a little more emphasis on treatment than prevention, and 5) much more emphasis on treatment than prevention. A mean of 1.92 was reported in Figure 6.8 under bar D. Figure 6.8d shows that 61.5% of the thirteen respondents stated that "prevention much more than treatment" should be emphasized.

Bar E: Whether abuse of alcohol, tobacco, and other drugs were caused by individual factors or by the social environment in which the individual lives. The respondents were asked to choose one of the following: "much more individual factors than the social environment," "a little more by individual factors than the social environment," "about equal factors," "a little more by social factors than the individual factors," or "much more by social factors than by the individual factors." Figure 6.8 shows a mean of 2.54 under bar E. Figure 6.8e shows that 61.5% felt that abuse was caused by both individual and social factors equally.

Perceptions of Coalition Program 1995



• Letters refer to figures 6.8(a-e)

Figure 6.8(a-e)

Prevention Orientated Toward Alcohol or Illegal Drugs, 1995

Figure 6.8a

Orientation of Programs 1995

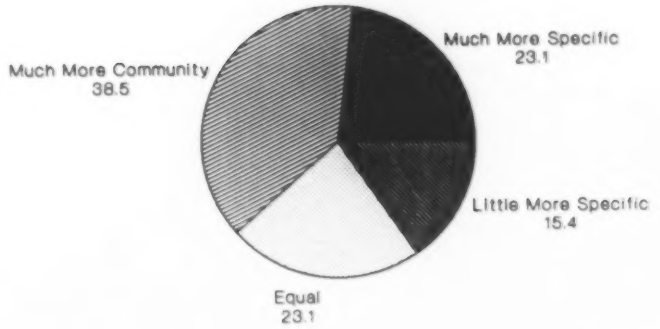


Figure 6.8b

Numbers are percentages

Focus of Programs Individual vs Community, 1995

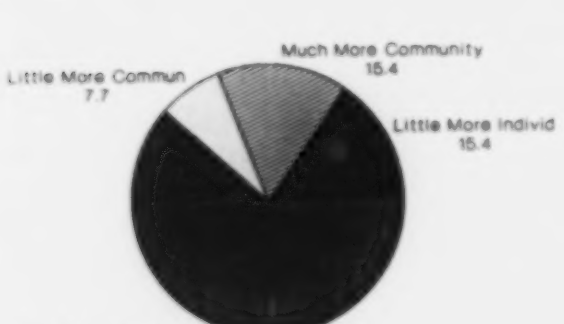


Figure 5.5c

Should ATOD Programs Emphasize Prevention or Treatment, 1995

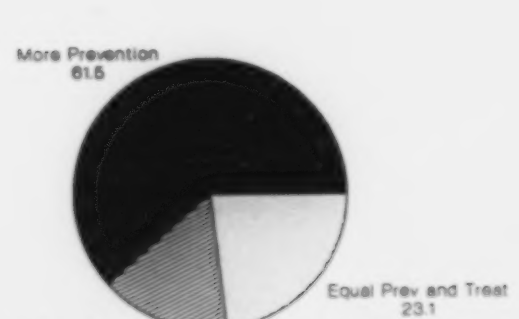


Figure 5.5d

Numbers are percentages

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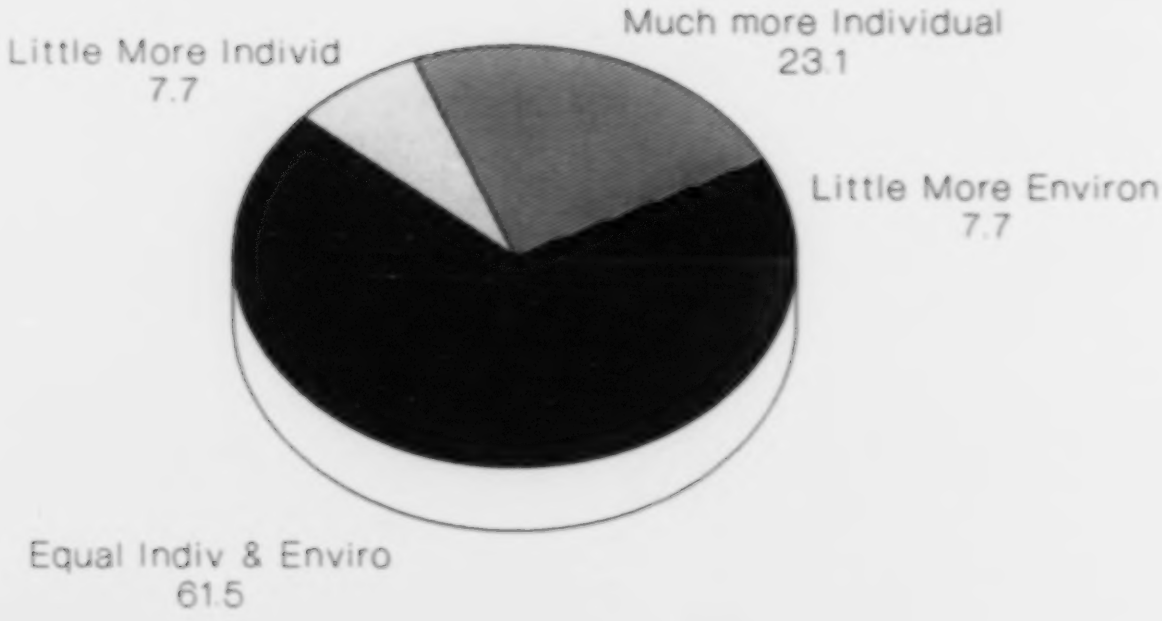
Abuse of ATOD Caused by Individual or Environmental Factors, 1995



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Numbers are percentages

Figure 6.8e

Conclusion

The comments from the Implementation Study were varied. All thirteen respondents had strong beliefs about what would be best for the coalition. The following are some ending statements from the participants of the survey on their suggestions on how to improve the coalition: "more coordination" and "more prevention activities" are needed. Other statements included "real good that they got organized and they are holding these activities on a periodic basis" and "I wish it was going on for another five years, a lot of us tend to look towards the CSAP program for leadership." These interviews document that, in the opinion of the key informants, the coalition has met its main objectives. For example, one goal was to establish an effective interagency coalition. The respondents identified thirteen individuals from nine agencies who they viewed as crucial to the success of the coalition. Respondents identified ten types of activities in which the coalition is engaged, and the most frequently noted activity was the Family Circle Group. The establishment of these Family Circle Groups was a second objective of the coalition. Overall, the respondents viewed the coalition as a productive factor for the community, their agencies and themselves. It was noted that conflict sometimes occurred, particularly over the delineation of areas of authority within the coalition and among the agencies. Overall, the coalition was viewed as having provided services targeted to the entire community and largely having succeeded in reaching that target population. These qualitative data are highly consistent with the quantitative data collected in the form of daily activity reports and community activity sign-up sheets.

VII. Evaluation of Program Effectiveness

The Okiyapi Community Partnership program was funded by the Center for Substance Abuse Prevention (CSAP) with the stated aim of reducing the rate of alcoholism on the Devils Lake Sioux reservation. At the outset of the program prevalence of alcoholism in the community was several times the national average. Unemployment, high school drop-out rates, drug abuse, poverty, and crime rates were also significantly in excess of the national statistics.

These problems were further compounded by the geographic dispersion of the population, weather conditions which often hindered travel, and a complete absence of personnel trained in addiction counseling. Despite these initial obstacles it appears that Okiyapi has been largely successful in achieving its stated goal of reducing alcoholism. The three objectives undertaken by the project in pursuit of this goal have all been met. First, Okiyapi undertook to train five Native Americans partially or in fact as addiction counselors. Five tribal members completed all required course work in the addiction counseling major and two these received degrees in addiction counseling. These individuals provided the core staff of the project which facilitated the accomplishment of the other two goals; creation of a stable interagency coalition and implementation of prevention awareness activities through Family Circle groups.

The interagency coordination provided by the coalition included sharing of data, human and material resources, and collaboration in designing, implementing, and publicizing substance abuse prevention activities. While the coalition provided for the involvement of all formal organizations with an interest in substance abuse prevention, the Family Circle groups provided a forum for grass roots involvement.

The effectiveness of this comprehensive collaboration of formal and informal interests can be seen in the sheer number of activities sponsored or cosponsored by the project, and in the thousands of community contacts documented. The impact of these activities can be seen in the decline in community indicators of alcohol abuse including youth reporting significantly fewer alcohol related problems in their families, fewer school-based youth reporting having used alcohol, reports of declines at later ages, and a decline in alcohol related offenses. At the same time, residents perceptions of the severity of alcohol and other drug problems on the reservation increased, possibly reflecting an effect of the coalition's efforts in drug education/ awareness. In interviews, coalition members mentioned one of the benefits of the project as combating the denial of the extent of the alcoholism problem on the reservation. Regarding both the prevalence of alcoholism and their perceptions of the general community's tendency towards denial, it was the consensus of the coalition members at the conclusion of the five years of funding that the situation had improved, but a great deal of work still remained. There were declines, some of them significant, on most quantitative indicators, and these represented a reversal of previous increasing trends. In addition, qualitative data revealed substantial accomplishment on the part of the coalition in areas not assessed by standard measures. These include; reducing the general community denial of the severity of the problem of alcoholism, providing respect for the individuals served by the community, thereby increasing their desire to participate in coalition activities and strengthening the community by increasing its resources, such as providing a newsletter which (somewhat) compensates for the community lack of a newspaper. The fact that both quantitative and qualitative data suggest the same deduction leads to even greater confidence in our conclusion.

Although the present study was not a true experimental design, and hence it cannot be claimed that these data prove Okiyapi caused the decline in alcohol abuse, several pieces of evidence lend support to that hypothesis.

(1) Prior to the active involvement of Okiyapi in the community alcohol and other drug measures had been steadily increasing.

(2) Concurrent with extensive community involvement of the project, a decline was observed in the majority of these indicators.

(3) Alcohol was a major focus of project prevention efforts and significant declines were seen in alcohol abuse and related problems while indicators of the use/ abuse of other drugs increased or remained stable.

(4) The program targeted its prevention efforts toward the general community with specific activities designed to address the reservation's youth. Decreases in alcohol and related incidents were observed for the community as a whole and most significantly among the youth sample.

Presuming these data reflect a real impact by the Okiyapi community partnership on the prevalence of alcohol-related problems on the reservation, it is especially important to evaluate aspects of the program which explain these results. Okiyapi differed from most prevention attempts in disadvantaged, ethnic minority communities on a number of dimensions. First, although Okiyapi was faced with a choice common to such communities of either hiring local

residents, without training or trained personnel without knowledge of the culture and community, it did neither. Rather, the start of extensive community activities was delayed while the coalition supported the training of several tribal members. Second, Okiyapi made a major effort to include community members as families from its inception. Hawkins, Lishner and Catalano (1985) found very few prevention programs which used a family-focused approach. With Okiyapi, the concern for family involvement was clearly an integral part of the program. Possibly due to their awareness of the needs of reservation residents, Okiyapi staff and coalition members demonstrated an awareness of the multiple obstacles which might prevent participation, and took steps to address these. For example, participation of parents with young and adolescent children was facilitated by offering activities which would appeal to a wide range of age groups (e.g., sobriety pow-wows, Christmas dinner). Transportation was provided to most activities, since, particularly for the elderly, but for many reservation residents across the lifespan, simply getting to an activity can be a major problem[4]. Third, community activities were designed and implemented with extensive involvement by those these programs were intended to serve. Resnick and Wojcicki (1991) point out that, to be successful in motivating youth participation, substance abuse prevention programs need to offer programs that will interest those youth. They further note that families are most likely to be involved if there is some incentive for participation, whether tangible, the opportunity for socialization, etc. Okiyapi appeared different from programs reviewed by Resnick and Wojcicki (1991) in the extent to which agencies, and, particularly families and youth, in the community were involved in the decision-making process and the implementation of those decisions. The professional staff members from Okiyapi and the member agencies in the coalition served mostly in a facilitative capacity, providing financial and logistical support in carrying out

[4] The reservation has no public transportation system, and, due to the high poverty rate, many residents cannot afford their own vehicle.

those prevention and educational activities which were decided upon by members of the Family Circle Groups. It may be that some social workers, addiction counselors and members of other professions may not feel comfortable relinquishing control to such an extent. After all, this does amount to, e.g., allowing several 'welfare mothers' to vote on budgetary decisions and, as a professional, to agree to be bound by those decisions. This is something of a reversal of the typical relationship professionals have in ethnic minority communities. However, it is the considered opinion of the evaluator that this reversal is, in large part, responsible for the success of Okiyapi, i.e., this program was something done by the community rather than to the community.